

THE COMMONWEALTH OF MASSACHUSETTS

TOWN OR CITY OF Pawtucket**Massachusetts Department of Public Health**

Division of Food and Drugs

FOOD ESTABLISHMENT INSPECTION REPORT

Name <i>Brenton Total</i>	Date <i>9/1/16</i>	Type of Operation(s)	Type of Inspection
Address <i>191-193 Main St</i>	Risk Level	<input type="checkbox"/> Food Service	<input type="checkbox"/> Routine
Telephone <i>504-7708</i>	HACCP Y/N	<input type="checkbox"/> Retail	<input type="checkbox"/> Re-inspection
Owner <i>City of Pawtucket</i>	Time	<input type="checkbox"/> Residential Kitchen	Previous Inspection Date:
Person in Charge (PIC) <i>Janice Palmacci</i>	In: Out:	<input type="checkbox"/> Mobile	<input type="checkbox"/> Pre-operation
Inspector <i>Janice Palmacci</i>		<input type="checkbox"/> Temporary	<input type="checkbox"/> Suspect Illness
		<input type="checkbox"/> Caterer	<input type="checkbox"/> General Complaint
		<input type="checkbox"/> Bed & Breakfast	<input type="checkbox"/> HACCP
			<input type="checkbox"/> Other
		Permit No.	

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Non-compliance with:

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Anti-Choking	590.009 (E)	<input type="checkbox"/>
Tobacco	590.009 (F)	<input type="checkbox"/>
Allergen Awareness	590.009 (G)	<input type="checkbox"/>

FOOD PROTECTION MANAGEMENT

- 1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

- 2. Reporting of Diseases by Food Employee and PIC
- 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

- 4. Food and Water from Approved Source
- 5. Receiving/Condition
- 6. Tags/Records/Accuracy of Ingredient Statements
- 7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

- 8. Separation/Segregation/Protection
- 9. Food Contact Surfaces Cleaning and Sanitizing
- 10. Proper Adequate Handwashing
- 11. Good Hygienic Practices

- 12. Prevention of Contamination from Hands
- 13. Handwash Facilities

PROTECTION FROM CHEMICALS

- 14. Approved Food or Color Additives
- 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- 16. Cooking Temperatures
- 17. Reheating
- 18. Cooling
- 19. Hot and Cold Holding
- 20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

- 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- 22. Posting of Consumer Advisories

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N
	23. Management and Personnel (FC-2)(590.003)
	24. Food and Food Protection (FC-3)(590.004)
	25. Equipment and Utensils (FC-4)(590.005)
	26. Water, Plumbing and Waste (FC-5)(590.006)
	27. Physical Facility (FC-6)(590.007)
	28. Poisonous or Toxic Materials (FC-7)(590.008)
	29. Special Requirements (590.009)
	30. Other

Inspector's Signature: *Janice Palmacci*Print: *Janice Palmacci*PIC's Signature: *Janice Palmacci*Print: *Janice Palmacci*Page 1 of 1 Pages

THE COMMONWEALTH OF MASSACHUSETTS

TOWN OR CITY OF Charlestown**Massachusetts Department of Public Health**

Division of Food and Drugs

FOOD ESTABLISHMENT INSPECTION REPORT

Name <i>Brown H</i>	Date <i>3/16/17</i>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <i>145 Pleasant St.</i>	Risk Level		
Telephone <i>534-7704</i>	HACCP Y/N		
Owner <i>City of Charlestown</i>	Time In: Out:		
Person in Charge (PIC)			
Inspector <i>Janice Palmacci</i>		Permit No.	

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Non-compliance with:

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Anti-Choking	590.009 (E)	<input type="checkbox"/>
Tobacco	590.009 (F)	<input type="checkbox"/>
Allergen Awareness	590.009 (G)	<input type="checkbox"/>

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

FOOD PROTECTION MANAGEMENT

- 1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

- 2. Reporting of Diseases by Food Employee and PIC

- 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

- 4. Food and Water from Approved Source

- 5. Receiving/Condition

- 6. Tags/Records/Accuracy of Ingredient Statements

- 7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

- 8. Separation/Segregation/Protection

- 9. Food Contact Surfaces Cleaning and Sanitizing

- 10. Proper Adequate Handwashing

- 11. Good Hygienic Practices

- 12. Prevention of Contamination from Hands

- 13. Handwash Facilities

PROTECTION FROM CHEMICALS

- 14. Approved Food or Color Additives

- 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- 16. Cooking Temperatures

- 17. Reheating

- 18. Cooling

- 19. Hot and Cold Holding

- 20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

- 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- 22. Posting of Consumer Advisories

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

Inspector's Signature: *Janice Palmacci*Print: *Janice Palmacci*PIC's Signature: *Janice Palmacci*Print: *Janice Palmacci*Page *1* of *1* Pages

THE COMMONWEALTH OF MASSACHUSETTS

TOWN OR CITY OF Quincy**Massachusetts Department of Public Health**

Division of Food and Drugs

FOOD ESTABLISHMENT INSPECTION REPORT

Name	<u>Denise J. S. S.</u>	Date	<u>9/20/11</u>	Type of Operation(s)	Type of Inspection
Address	<u>1100 Mass. St.</u>	Risk Level		<input type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	<input type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Telephone	<u>639-7704</u>	HACCP Y/N			
Owner	<u>City of Quincy</u>	Time In:			
Person in Charge (PIC)	<u>Janice Palmacci</u>	Time Out:		Permit No.	
Inspector	<u>Janice Palmacci</u>				

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:
 Anti-Choking 590.009 (E)
 Tobacco 590.009 (F)
 Allergen Awareness 590.009 (G)

FOOD PROTECTION MANAGEMENT

1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

2. Reporting of Diseases by Food Employee and PIC
 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

4. Food and Water from Approved Source
 5. Receiving/Condition
 6. Tags/Records/Accuracy of Ingredient Statements
 7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

8. Separation/Segregation/Protection
 9. Food Contact Surfaces Cleaning and Sanitizing
 10. Proper Adequate Handwashing
 11. Good Hygienic Practices

12. Prevention of Contamination from Hands
 13. Handwash Facilities

PROTECTION FROM CHEMICALS

14. Approved Food or Color Additives
 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

16. Cooking Temperatures
 17. Reheating
 18. Cooling
 19. Hot and Cold Holding
 20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)
 21. Food and Food Preparation for HSPCONSUMER ADVISORY
 22. Posting of Consumer Advisories

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

C	N
	23. Management and Personnel (FC-2)(590.003)
	24. Food and Food Protection (FC-3)(590.004)
	25. Equipment and Utensils (FC-4)(590.005)
	26. Water, Plumbing and Waste (FC-5)(590.006)
	27. Physical Facility (FC-6)(590.007)
	28. Poisonous or Toxic Materials (FC-7)(590.008)
	29. Special Requirements (590.009)
	30. Other

23. Management and Personnel (FC-2)(590.003)
24. Food and Food Protection (FC-3)(590.004)
25. Equipment and Utensils (FC-4)(590.005)
26. Water, Plumbing and Waste (FC-5)(590.006)
27. Physical Facility (FC-6)(590.007)
28. Poisonous or Toxic Materials (FC-7)(590.008)
29. Special Requirements (590.009)
30. Other

Inspector's Signature: <u>Janice Palmacci</u>	Print: <u>Janice Palmacci</u>	
PIC's Signature: <u>Janice Palmacci</u>	Print: <u>Janice Palmacci</u>	Page <u>1</u> of <u>1</u> Pages

THE COMMONWEALTH OF MASSACHUSETTS

TOWN OR CITY OF Leominster**Massachusetts Department of Public Health**

Division of Food and Drugs

FOOD ESTABLISHMENT INSPECTION REPORT

Name <i>Bennett School</i>	Date <i>9-27-18</i>	Type of Operation(s)	Type of Inspection
Address <i>145 Pleasant St</i>	Risk Level	<input checked="" type="checkbox"/> Food Service	<input type="checkbox"/> Routine
Telephone		<input checked="" type="checkbox"/> Retail	<input type="checkbox"/> Re-inspection
Owner	HACCP Y/N	<input type="checkbox"/> Residential Kitchen	Previous Inspection Date:
Person in Charge (PIC)	Time	<input type="checkbox"/> Mobile	<input type="checkbox"/> Pre-operation
Inspector <i>Marcel L. Borgazzi</i>	In:	<input type="checkbox"/> Temporary	<input type="checkbox"/> Suspect Illness
	Out:	<input type="checkbox"/> Caterer	<input type="checkbox"/> General Complaint
		<input type="checkbox"/> Bed & Breakfast	<input type="checkbox"/> HACCP
			<input type="checkbox"/> Other
		Permit No.	

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:
 Anti-Choking 590.009 (E)
 Tobacco 590.009 (F)
 Allergen Awareness 590.009 (G)

FOOD PROTECTION MANAGEMENT

1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

2. Reporting of Diseases by Food Employee and PIC

3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

4. Food and Water from Approved Source

5. Receiving/Condition

6. Tags/Records/Accuracy of Ingredient Statements

7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

8. Separation/Segregation/Protection

9. Food Contact Surfaces Cleaning and Sanitizing

10. Proper Adequate Handwashing

11. Good Hygienic Practices

12. Prevention of Contamination from Hands

13. Handwash Facilities

PROTECTION FROM CHEMICALS

14. Approved Food or Color Additives

15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

16. Cooking Temperatures *Fridge 40°F ✓*

17. Reheating

18. Cooling

19. Hot and Cold Holding

20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

21. Food and Food Preparation for HSP

CONSUMER ADVISORY

22. Posting of Consumer Advisories *All brought from Fall Brook*

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N	Violation Description	Code
		23. Management and Personnel (FC-2)(590.003)	
		24. Food and Food Protection (FC-3)(590.004)	
		25. Equipment and Utensils (FC-4)(590.005)	
		26. Water, Plumbing and Waste (FC-5)(590.006)	
		27. Physical Facility (FC-6)(590.007)	
		28. Poisonous or Toxic Materials (FC-7)(590.008)	
		29. Special Requirements (590.009)	
		30. Other	

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22): *0*

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

Inspector's Signature: <i>Marcel L. Borgazzi</i>	Print: <i>Marcel L. Borgazzi</i>	
PIC's Signature: <i>Janice Palmacci</i>	Print: <i>Janice Palmacci</i>	Page <u>1</u> of <u>1</u> Pages

THE COMMONWEALTH OF MASSACHUSETTS

TOWN OR CITY OF Braintree**Massachusetts Department of Public Health**

Division of Food and Drugs

FOOD ESTABLISHMENT INSPECTION REPORT

Name <u>F. J. Dowdy</u>	Date <u>11/23/17</u>	Type of Operation(s)	Type of Inspection
Address <u>1400 Dr.</u>	Risk Level	<input type="checkbox"/> Food Service	<input checked="" type="checkbox"/> Routine
Telephone <u>534-7744</u>		<input type="checkbox"/> Retail	<input type="checkbox"/> Re-inspection
Owner <u>City of Braintree</u>	HACCP Y/N	<input type="checkbox"/> Residential Kitchen	Previous Inspection Date:
Person in Charge (PIC) <u>Frank S. Dowdy</u>		<input type="checkbox"/> Mobile	<input type="checkbox"/> Pre-operation
Inspector <u>Frank S. Dowdy</u>	Time	<input type="checkbox"/> Temporary	<input type="checkbox"/> Suspect Illness
	In:	<input type="checkbox"/> Caterer	<input type="checkbox"/> General Complaint
	Out:	<input type="checkbox"/> Bed & Breakfast	<input type="checkbox"/> HACCP
		Permit No.	<input type="checkbox"/> Other

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Non-compliance with:

Anti-Choking	590.009 (E)	<input type="checkbox"/>
Tobacco	590.009 (F)	<input type="checkbox"/>
Allergen Awareness	590.009 (G)	<input type="checkbox"/>

FOOD PROTECTION MANAGEMENT

- 1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

- 2. Reporting of Diseases by Food Employee and PIC
- 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

- 4. Food and Water from Approved Source
- 5. Receiving/Condition
- 6. Tags/Records/Accuracy of Ingredient Statements
- 7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

- 8. Separation/Segregation/Protection
- 9. Food Contact Surfaces Cleaning and Sanitizing
- 10. Proper Adequate Handwashing
- 11. Good Hygienic Practices

- 12. Prevention of Contamination from Hands
- 13. Handwash Facilities

PROTECTION FROM CHEMICALS

- 14. Approved Food or Color Additives
- 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- 16. Cooking Temperatures
- 17. Reheating
- 18. Cooling
- 19. Hot and Cold Holding

- 20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

- 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- 22. Posting of Consumer Advisories

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

C	N
<input type="checkbox"/>	23. Management and Personnel (FC-2)(590.003)
<input type="checkbox"/>	24. Food and Food Protection (FC-3)(590.004)
<input type="checkbox"/>	25. Equipment and Utensils (FC-4)(590.005)
<input type="checkbox"/>	26. Water, Plumbing and Waste (FC-5)(590.006)
<input type="checkbox"/>	27. Physical Facility (FC-6)(590.007)
<input type="checkbox"/>	28. Poisonous or Toxic Materials (FC-7)(590.008)
<input type="checkbox"/>	29. Special Requirements (590.009)
<input type="checkbox"/>	30. Other

Inspector's Signature: <u>J. Dowdy</u>	Print: <u>J</u>
PIC's Signature: <u>Jackie Semple</u>	Print: <u>Jackie Semple</u>

Page 1 of 1 Pages

THE COMMONWEALTH OF MASSACHUSETTS

TOWN OR CITY OF Leominster**Massachusetts Department of Public Health**

Division of Food and Drugs

FOOD ESTABLISHMENT INSPECTION REPORT

Name <u>Fall Brook</u>	Date <u>7-5-18</u>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-Inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other
Address <u>25 DeCicco Dr.</u>	Risk Level		
Telephone	HACCP Y/N		
Owner	Time In: Out:		
Person in Charge (PIC) <u>Joan Prince</u>	Permit No.		
Inspector <u>Marco L. Bangz</u>			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Non-compliance with:

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Anti-Choking	590.009 (E)	<input type="checkbox"/>
Tobacco	590.009 (F)	<input type="checkbox"/>
Allergen Awareness	590.009 (G)	<input type="checkbox"/>

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

FOOD PROTECTION MANAGEMENT

1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

2. Reporting of Diseases by Food Employee and PIC
 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

4. Food and Water from Approved Source
 5. Receiving/Condition
 6. Tags/Records/Accuracy of Ingredient Statements
 7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

8. Separation/Segregation/Protection
 9. Food Contact Surfaces Cleaning and Sanitizing
 10. Proper Adequate Handwashing
 11. Good Hygienic Practices

Violations Related to Good Retail Practices (Blue Items)

Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N
	23. Management and Personnel (FC-2)(590.003)
	24. Food and Food Protection (FC-3)(590.004)
	25. Equipment and Utensils (FC-4)(590.005)
	26. Water, Plumbing and Waste (FC-5)(590.006)
	27. Physical Facility (FC-6)(590.007)
	28. Poisonous or Toxic Materials (FC-7)(590.008)
	29. Special Requirements (590.009)
	30. Other

12. Prevention of Contamination from Hands

13. Handwash Facilities

PROTECTION FROM CHEMICALS

14. Approved Food or Color Additives
 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

16. Cooking Temperatures *Walk-in Cooler temp off.*
 17. Reheating *Temp checks by staff good.*
 18. Cooling

19. Hot and Cold Holding

20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

21. Food and Food Preparation for HSP

NO other issues

CONSUMER ADVISORY

22. Posting of Consumer Advisories

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22): 

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

Inspector's Signature: <u>Marco L. Bangz</u>	Print: <u>Marco L. Bangz</u>	
PIC's Signature: <u>Joan Prince</u>	Print: <u>Joan Prince</u>	Page <u>1</u> of <u>1</u> Pages

Food Establishment Inspection Report – City/Town of Leominster

Establishment: <u>Fall Brook Elementary</u>	Date: <u>6-10-19</u>	Page 1 of <u>2</u>
Address: <u>25 Deccico Dr.</u>	Time in:	Time out:
Telephone:	Permit No.:	Number of Violated Provisions Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29): <u>0</u>
Owner:		Number of Repeat Violations Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29): <u>0</u>
Person-in-charge: <u>X Jackie Semler</u>		
Inspector: <u>Marco I. Bangzoni</u>		
FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS		
IN = in compliance OUT= out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation		

Compliance Status		IN	OUT	N/A	N/O	COS	R
Supervision							
1	Person-in-charge present, demonstrates knowledge, and performs duties						
2	Certified Food Protection Manager						
Employee Health							
3	Management, food employee and conditional employee; knowledge, responsibilities and reporting						
4	Proper use of restriction and exclusion						
5	Procedures for responding to vomiting and diarrheal events						
Good Hygienic Practices							
6	Proper eating, tasting, drinking, or tobacco use						
7	No discharge from eyes, nose, and mouth						
Preventing Contamination by Hands							
8	Hands clean & properly washed						
9	No bare hand contact with ready-to-eat food						
10	Adequate handwashing sinks properly supplied and accessible						
Approved Source							
11	Food obtained from approved source						
12	Food received at proper temperature						
13	Food received in good condition, safe, & unadulterated						
14	Required records available: shellstock tags, parasite destruction						

Compliance Status		IN	OUT	N/A	N/O	COS	R
Protection from Contamination							
15	Food separated and protected						
16	Food-contact surfaces; cleaned & sanitized						
17	Proper disposition of returned, previously served, reconditioned & unsafe food						
Time/Temperature Control for Safety							
18	Proper cooking time & temperatures						
19	Proper reheating procedures for hot holding						
20	Proper cooling time and temperature						
21	Proper hot holding temperature						
22	Proper cold holding temperature						
23	Proper date marking and disposition						
24	Time as a Public Health Control						
Consumer Advisory							
25	Consumer advisory provided for raw / undercooked food						
Highly Susceptible Populations							
26	Pasteurized foods used; prohibited foods not offered						
Food/Color Additives and Toxic Substances							
27	Food additives: approved & properly used						
28	Toxic substances properly identified, stored & used						
Conformance with Approved Procedures							
29	Compliance with variance / specialized process / HACCP Plan						

Official Order for Correction: Based on an inspection today, the items marked "OUT" indicated violations of 105 CMR 590.000 and applicable sections of the 2013 FDA Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If you are subject to a notice of suspension, revocation, or non-renewal pursuant to 105 CMR 590.000 you may request a hearing before the board of health in accordance with 105 CMR 590.015(B).

Date of Reinspection:

Discussion with Person-in-Charge:

NA

Clean and Sanitary @ T.O.S

+ sanitizers good.

+ all temp checks good.

Signature of Person-in-Charge:

Jackie Semler

Date:

6-10-19

Signature of Inspector:

Marco I. Bangzoni

Date:

6-10-19

Food Establishment Inspection Report – City/Town of *Leominster*

Establishment: *Fallbrook Elementary*

Date: *6-10-19*

Page 2 of *2*

GOOD RETAIL PRACTICES AND MASSACHUSETTS-ONLY SECTIONS

IN = in compliance OUT= out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation

Compliance Status		IN	OUT	N/A	N/O	COS	R
Safe Food and Water							
30	Pasteurized eggs used where required						
31	Water & ice from approved source						
32	Variance obtained for specialized processing methods						
Food Temperature Control							
33	Proper cooling methods used; adequate equipment for temperature control						
34	Plant food properly cooked for hot holding						
35	Approved thawing methods used						
36	Thermometers provided & accurate						
Food Identification							
37	Food properly labeled; original container						
Prevention of Food Contamination							
38	Insects, rodents, & animals not present						
39	Contamination prevented during food preparation, storage and display						
40	Personal cleanliness						
41	Wiping cloths: properly used & stored						
42	Washing fruits & vegetables						
Proper Use of Utensils							
43	In-use utensils properly stored						
44	Utensils, equipment & linens: properly stored, dried, & handled						
45	Single-use / single-service articles: properly stored & used						
46	Gloves used properly						
Utensils, Equipment and Vending							
47	Food & non-food contact surfaces cleanable, properly designed, constructed & used						

Compliance Status		IN	OUT	N/A	N/O	COS	R
Physical Facilities							
48	Warewashing facilities: installed, maintained, & used; test strips						
49	Non-food contact surfaces clean						
Additional Requirements listed in 105 CMR 590.011							
M1	Anti-choking procedures in food service establishment						
M2	Food allergy awareness						
Review of Retail Operations listed in 105 CMR 590.010							
M3	Caterer						
M4	Mobile Food Operation						
M5	Temporary Food Establishment						
M6	Public Market; Farmers Market						
M7	Residential Kitchen; Bed-and-Breakfast Operation						
M8	Residential Kitchen: Cottage Food Operation						
M9	School Kitchen; USDA Nutrition Program						
M10	Leased Commercial Kitchen						
M11	Innovative Operation						
Local Requirements							
L1	Local law or regulation						
L2	Other						

Type of Operation(s): <input checked="" type="checkbox"/> Food Service Establishment <input type="checkbox"/> Retail Food Store <input type="checkbox"/> Residential; Cottage Foods <input type="checkbox"/> Residential; Bed & Breakfast <input type="checkbox"/> Mobile/Pushcart <input type="checkbox"/> Temporary Food Estab. <input type="checkbox"/> Other	Type of Inspection: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection <input type="checkbox"/> Pre-operational <input type="checkbox"/> Illness investigation <input type="checkbox"/> General complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____	Other Information: <i>School</i>
---	--	-------------------------------------

Signature of Person-in-Charge: *Jacqueline Lemles*
Signature of Inspector: *Marcos I. Barrion*

Date:

Date: *6-10-19*

THE COMMONWEALTH OF MASSACHUSETTS

TOWN OR CITY OF Lawrence**Massachusetts Department of Public Health**

Division of Food and Drugs

FOOD ESTABLISHMENT INSPECTION REPORT

Name	Date	Type of Operation(s)	Type of Inspection
Address	Risk Level	<input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	<input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date:
Telephone	HACCP Y/N	Time	<input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Owner	In:	Permit No.	
Person in Charge (PIC)	Out:		
Inspector			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Anti-Choking 590.009 (E)
Tobacco 590.009 (F)
Allergen Awareness 590.009 (G)

FOOD PROTECTION MANAGEMENT

 1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

 2. Reporting of Diseases by Food Employee and PIC 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

 4. Food and Water from Approved Source 5. Receiving/Condition 6. Tags/Records/Accuracy of Ingredient Statements 7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

 8. Separation/Segregation/Protection 9. Food Contact Surfaces Cleaning and Sanitizing 10. Proper Adequate Handwashing 11. Good Hygienic Practices 12. Prevention of Contamination from Hands 13. Handwash Facilities

PROTECTION FROM CHEMICALS

 14. Approved Food or Color Additives 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

 16. Cooking Temperatures 17. Reheating 18. Cooling 19. Hot and Cold Holding 20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

 22. Posting of Consumer Advisories

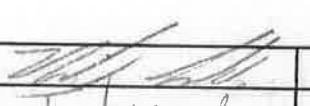
Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22): 

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION: 9/29/17, 10/6/17

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N	
		23. Management and Personnel (FC-2)(590.003)
		24. Food and Food Protection (FC-3)(590.004)
		25. Equipment and Utensils (FC-4)(590.005)
		26. Water, Plumbing and Waste (FC-5)(590.006)
		27. Physical Facility (FC-6)(590.007)
		28. Poisonous or Toxic Materials (FC-7)(590.008)
		29. Special Requirements (590.009)
		30. Other

Inspector's Signature: 

Print:

PIC's Signature: 

Print:

THE COMMONWEALTH OF MASSACHUSETTS

TOWN OR CITY OF Leominster**Massachusetts Department of Public Health**

Division of Food and Drugs

FOOD ESTABLISHMENT INSPECTION REPORT

Name <u>Francis Drake School</u>	Date <u>7-3-08</u>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other
Address <u>95 Viscolardo</u>	Risk Level		
Telephone	HACCP Y/N		
Owner	Time		
Person in Charge (PIC) <u>Bill Sullivan</u>	In:		
Inspector <u>Marcia L. Bangsaw</u>	Out:	Permit No.	

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:
 Anti-Choking 590.009 (E)
 Tobacco 590.009 (F)
 Allergen Awareness 590.009 (G)

FOOD PROTECTION MANAGEMENT

1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

2. Reporting of Diseases by Food Employee and PIC

3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

4. Food and Water from Approved Source

5. Receiving/Condition

6. Tags/Records/Accuracy of Ingredient Statements

7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

8. Separation/Segregation/Protection

9. Food Contact Surfaces Cleaning and Sanitizing

10. Proper Adequate Handwashing

11. Good Hygienic Practices

12. Prevention of Contamination from Hands

13. Handwash Facilities

PROTECTION FROM CHEMICALS

14. Approved Food or Color Additives

15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

16. Cooking Temperatures

17. Reheating

18. Cooling

19. Hot and Cold Holding

20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

21. Food and Food Preparation for HSP

CONSUMER ADVISORY

22. Posting of Consumer Advisories

*Damaged tile noted @ 3 bay.
No Exposed absorbent surfaces.*

No other issues.

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):



Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

Inspector's Signature: <u>Marcia L. Bangsaw</u>	Print: <u>Marcia L. Bangsaw</u>
PIC's Signature: <u>Bill Sullivan</u>	Print: <u>Bill Sullivan</u>
Page <u>1</u> of <u>1</u> Pages	

THE COMMONWEALTH OF MASSACHUSETTS
TOWN OR CITY OF Sommer

Massachusetts Department of Public Health

Division of Food and Drugs

FOOD ESTABLISHMENT INSPECTION REPORT

Name	<u>Francis Drake School</u>		Date	1-7-19		Type of Operation(s)	<input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast		Type of Inspection
Address	<u>95 Visciloid</u>		Risk Level					<input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-Inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other	
Telephone			HACCP Y/N						
Owner			Time	In:	Out:				
Person in Charge (PIC)									
Inspector	<u>Marco Z. Bangzai</u>								

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:
 Anti-Choking 590.009 (E)
 Tobacco 590.009 (F)
 Allergen Awareness 590.009 (G)

FOOD PROTECTION MANAGEMENT

- 1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

Hands Cleaned 8-16-1 year Sch.

- 2. Reporting of Diseases by Food Employee and PIC
- 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

- 4. Food and Water from Approved Source
- 5. Receiving/Condition
- 6. Tags/Records/Accuracy of Ingredient Statements
- 7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

- 8. Separation/Segregation/Protection
- 9. Food Contact Surfaces Cleaning and Sanitizing
- 10. Proper Adequate Handwashing
- 11. Good Hygienic Practices

- 12. Prevention of Contamination from Hands
- 13. Handwash Facilities

PROTECTION FROM CHEMICALS

- 14. Approved Food or Color Additives
- 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- 16. Cooking Temperatures
- 17. Reheating
- 18. Cooling
- 19. Hot and Cold Holding
- 20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

- 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items)

Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N	Violation Description	Citation
		23. Management and Personnel	(FC-2)(590.003)
		24. Food and Food Protection	(FC-3)(590.004)
		25. Equipment and Utensils	(FC-4)(590.005)
		26. Water, Plumbing and Waste	(FC-5)(590.006)
		27. Physical Facility	(FC-6)(590.007)
		28. Poisonous or Toxic Materials	(FC-7)(590.008)
		29. Special Requirements	(590.009)
		30. Other	

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):



Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

Inspector's Signature: Marco Z. Bangzai
PIC's Signature: Kathy M. Walsh

Print: Marco Z. Bangzai
Print: Kathy M. Walsh

Page 1 of 1 Pages

Food Establishment Inspection Report – City/Town of Leominster

Establishment: <u>Francis Drake Elementary</u>	Date: <u>6-10-19</u>	Page 1 of <u>2</u>
Address: <u>95 Viscold Ave.</u>	Time in: <u>/</u>	Time out: <u>/</u>
Telephone: <u>/</u>	Permit No.: <u>/</u>	Number of Violated Provisions Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29): <u>0</u>
Owner: <u>/</u>	<u>/</u>	Number of Repeat Violations Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29): <u>0</u>
Person-in-charge: <u>Susan Canady</u>	<u>/</u>	<u>/</u>
Inspector: <u>Marcia L. Barry</u>	<u>/</u>	<u>/</u>
FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS		
IN = in compliance OUT= out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation		

Compliance Status		IN	OUT	N/A	N/O	COS	R
Supervision							
1	Person-in-charge present, demonstrates knowledge, and performs duties						
2	Certified Food Protection Manager						
Employee Health							
3	Management, food employee and conditional employee; knowledge, responsibilities and reporting						
4	Proper use of restriction and exclusion						
5	Procedures for responding to vomiting and diarrheal events						
Good Hygienic Practices							
6	Proper eating, tasting, drinking, or tobacco use						
7	No discharge from eyes, nose, and mouth						
Preventing Contamination by Hands							
8	Hands clean & properly washed						
9	No bare hand contact with ready-to-eat food						
10	Adequate handwashing sinks properly supplied and accessible						
Approved Source							
11	Food obtained from approved source						
12	Food received at proper temperature						
13	Food received in good condition, safe, & unadulterated						
14	Required records available: shellstock tags, parasite destruction						

Compliance Status		IN	OUT	N/A	N/O	COS	R
Protection from Contamination							
15	Food separated and protected						
16	Food-contact surfaces; cleaned & sanitized						
17	Proper disposition of returned, previously served, reconditioned & unsafe food						
Time/Temperature Control for Safety							
18	Proper cooking time & temperatures						
19	Proper reheating procedures for hot holding						
20	Proper cooling time and temperature						
21	Proper hot holding temperature						
22	Proper cold holding temperature						
23	Proper date marking and disposition						
24	Time as a Public Health Control						
Consumer Advisory							
25	Consumer advisory provided for raw / undercooked food						
Highly Susceptible Populations							
26	Pasteurized foods used; prohibited foods not offered						
Food/Color Additives and Toxic Substances							
27	Food additives: approved & properly used						
28	Toxic substances properly identified, stored & used						
Conformance with Approved Procedures							
29	Compliance with variance / specialized process / HACCP Plan						

Official Order for Correction: Based on an inspection today, the items marked "OUT" indicated violations of 105 CMR 590.000 and applicable sections of the 2013 FDA Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If you are subject to a notice of suspension, revocation, or non-renewal pursuant to 105 CMR 590.000 you may request a hearing before the board of health in accordance with 105 CMR 590.015(B).

Date of Reinspection: N/A

Discussion with Person-in-Charge: Re-Seat lid for grease trap @ dish washer unit. Fix tile @ 3-Bay grease trap unit, clean and sanitary @ T.O.S + Sanitizers good & temps good.

Signature of Person-in-Charge: Susan Canady

Date: 6-10-19

Signature of Inspector: Marcia L. Barry

Date: 6-10-19

Food Establishment Inspection Report – City/Town of Leominster

Establishment:	<u>Francis Drake Elementary</u>	Date:	<u>6-10-19</u>	Page 2 of	<u>2</u>
GOOD RETAIL PRACTICES AND MASSACHUSETTS-ONLY SECTIONS					
IN = In compliance OUT= out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation					

Compliance Status		IN	OUT	N/A	N/O	COS	R
Safe Food and Water							
30	Pasteurized eggs used where required						
31	Water & ice from approved source						
32	Variance obtained for specialized processing methods						
Food Temperature Control							
33	Proper cooling methods used; adequate equipment for temperature control						
34	Plant food properly cooked for hot holding						
35	Approved thawing methods used						
36	Thermometers provided & accurate						
Food Identification							
37	Food properly labeled; original container						
Prevention of Food Contamination							
38	Insects, rodents, & animals not present						
39	Contamination prevented during food preparation, storage and display						
40	Personal cleanliness						
41	Wiping cloths: properly used & stored						
42	Washing fruits & vegetables						
Proper Use of Utensils							
43	In-use utensils properly stored						
44	Utensils, equipment & linens: properly stored, dried, & handled						
45	Single-use / single-service articles: properly stored & used						
46	Gloves used properly						
Utensils, Equipment and Vending							
47	Food & non-food contact surfaces cleanable, properly designed, constructed & used						

Compliance Status		IN	OUT	N/A	N/O	COS	R
48 Warewashing facilities: installed, maintained, & used; test strips							
49	Non-food contact surfaces clean						
Physical Facilities							
50	Hot & cold water available; adequate pressure						
51	Plumbing installed; proper backflow devices						
52	Sewage & waste water properly disposed						
53	Toilet features: properly constructed, supplied, & cleaned						
54	Garbage & refuse properly disposed; facilities maintained						
55	Physical facilities installed, maintained, & clean						
56	Adequate ventilation & lighting; designated areas used						
Additional Requirements listed in 105 CMR 590.011							
M1	Anti-choking procedures in food service establishment						
M2	Food allergy awareness						
Review of Retail Operations listed in 105 CMR 590.010							
M3	Caterer						
M4	Mobile Food Operation						
M5	Temporary Food Establishment						
M6	Public Market; Farmers Market						
M7	Residential Kitchen; Bed-and-Breakfast Operation						
M8	Residential Kitchen: Cottage Food Operation						
M9	School Kitchen; USDA Nutrition Program						
M10	Leased Commercial Kitchen						
M11	Innovative Operation						
Local Requirements							
L1	Local law or regulation						
L2	Other						

Type of Operation(s): <input checked="" type="checkbox"/> Food Service Establishment <input type="checkbox"/> Retail Food Store <input type="checkbox"/> Residential: Cottage Foods <input type="checkbox"/> Residential; Bed & Breakfast <input type="checkbox"/> Mobile/Pushcart <input type="checkbox"/> Temporary Food Estab. <input type="checkbox"/> Other _____	Type of Inspection: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection <input type="checkbox"/> Pre-operational <input type="checkbox"/> Illness Investigation <input type="checkbox"/> General complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____	Other Information: <i>School</i>
---	--	-------------------------------------

Signature of Person-in-Charge:

Susan Denney

Date: 6-10-19

Signature of Inspector:

Maria Z. Baynes

Date: 6-10-19

THE COMMONWEALTH OF MASSACHUSETTS

TOWN OR CITY OF Somerville**Massachusetts Department of Public Health**

Division of Food and Drugs

FOOD ESTABLISHMENT INSPECTION REPORT

Name	<u>Tobacco Harvest</u>	Date	<u>3/16/12</u>	Type of Operation(s)	<input type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection	<input type="checkbox"/> Routine <input type="checkbox"/> Re-Inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address	<u>116-118 Main St.</u>	Risk Level		Time		Permit No.	
Telephone		HACCP Y/N		In:			
Owner	<u>City of Somerville</u>			Out:			
Person in Charge (PIC)							
Inspector	<u>Monica Skemler</u>						

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Non-compliance with:

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Anti-Choking	590.009 (E)	<input type="checkbox"/>
Tobacco	590.009 (F)	<input type="checkbox"/>
Allergen Awareness	590.009 (G)	<input type="checkbox"/>

FOOD PROTECTION MANAGEMENT

- 1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

- 2. Reporting of Diseases by Food Employee and PIC

- 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

- 4. Food and Water from Approved Source

- 5. Receiving/Condition

- 6. Tags/Records/Accuracy of Ingredient Statements

- 7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

- 8. Separation/Segregation/Protection

- 9. Food Contact Surfaces Cleaning and Sanitizing

- 10. Proper Adequate Handwashing

- 11. Good Hygienic Practices

- 12. Prevention of Contamination from Hands

- 13. Handwash Facilities

PROTECTION FROM CHEMICALS

- 14. Approved Food or Color Additives

- 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- 16. Cooking Temperatures

- 17. Reheating

- 18. Cooling

- 19. Hot and Cold Holding

- 20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

- 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- 22. Posting of Consumer Advisories

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22): 1

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:Inspector's Signature: Monica Skemler

Print: _____

PIC's Signature: Monica SkemlerPrint: Monica SkemlerPage 1 of 1 Pages

THE COMMONWEALTH OF MASSACHUSETTS

TOWN OR CITY OF _____

Massachusetts Department of Public Health

Division of Food and Drugs

FOOD ESTABLISHMENT INSPECTION REPORT

Name	Date 10/13/17	Type of Operation(s)	Type of Inspection
Address	Risk Level	<input type="checkbox"/> Food Service	<input type="checkbox"/> Routine
Telephone		<input type="checkbox"/> Retail	<input checked="" type="checkbox"/> Re-inspection
Owner	HACCP Y/N	<input type="checkbox"/> Residential Kitchen	Previous Inspection Date:
Person in Charge (PIC)		<input type="checkbox"/> Mobile	<input type="checkbox"/> Pre-operation
Inspector	Time In: Out:	<input type="checkbox"/> Temporary	<input type="checkbox"/> Suspect Illness
		<input type="checkbox"/> Caterer	<input type="checkbox"/> General Complaint
		<input type="checkbox"/> Bed & Breakfast	<input type="checkbox"/> HACCP
		Permit No.	<input type="checkbox"/> Other

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:

Anti-Choking	590.009 (E)	<input checked="" type="checkbox"/>
Tobacco	590.009 (F)	<input type="checkbox"/>
Allergen Awareness	590.009 (G)	<input type="checkbox"/>

FOOD PROTECTION MANAGEMENT

- 1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

- 2. Reporting of Diseases by Food Employee and PIC

- 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

- 4. Food and Water from Approved Source

- 5. Receiving/Condition

- 6. Tags/Records/Accuracy of Ingredient Statements

- 7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

- 8. Separation/Segregation/Protection

- 9. Food Contact Surfaces Cleaning and Sanitizing

- 10. Proper Adequate Handwashing

- 11. Good Hygienic Practices

- 12. Prevention of Contamination from Hands

- 13. Handwash Facilities

PROTECTION FROM CHEMICALS

- 14. Approved Food or Color Additives

- 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- 16. Cooking Temperatures

- 17. Reheating

- 18. Cooling

- 19. Hot and Cold Holding

- 20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

- 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- 22. Posting of Consumer Advisories

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION: 10/20/17, 10/13/17

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N	Violation Description	Code Reference
		23. Management and Personnel	(FC-2)(590.003)
		24. Food and Food Protection	(FC-3)(590.004)
		25. Equipment and Utensils	(FC-4)(590.005)
		26. Water, Plumbing and Waste	(FC-5)(590.006)
		27. Physical Facility	(FC-6)(590.007)
		28. Poisonous or Toxic Materials	(FC-7)(590.008)
		29. Special Requirements	(590.009)
		30. Other	

Inspector's Signature: *Jenny Allain*Print: *Jenny Allain*PIC's Signature: *Jenny Allain*Print: *Jenny Allain*Page 1 of 1 Pages

THE COMMONWEALTH OF MASSACHUSETTS

TOWN OR CITY OF Sommer**Massachusetts Department of Public Health**

Division of Food and Drugs

FOOD ESTABLISHMENT INSPECTION REPORT

Name <i>Johnny Appleseed School</i>	Date <i>9-5-18</i>	Type of Operation(s)	Type of Inspection
Address <i>845 Main St.</i>	Risk Level	<input checked="" type="checkbox"/> Food Service	<input type="checkbox"/> Routine
Telephone		<input type="checkbox"/> Retail	<input type="checkbox"/> Re-inspection
Owner	HACCP Y/N	<input type="checkbox"/> Residential Kitchen	Previous Inspection Date:
Person in Charge (PIC)		<input type="checkbox"/> Mobile	<input type="checkbox"/> Pre-operation
Inspector <i>Marco L Bangrazi</i>	Time	<input type="checkbox"/> Temporary	<input type="checkbox"/> Suspect Illness
	In:	<input type="checkbox"/> Caterer	<input type="checkbox"/> General Complaint
	Out:	<input type="checkbox"/> Bed & Breakfast	<input type="checkbox"/> HACCP
		Permit No.	<input type="checkbox"/> Other

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:

Anti-Choking	590.009 (E)	<input type="checkbox"/>
Tobacco	590.009 (F)	<input type="checkbox"/>
Allergen Awareness	590.009 (G)	<input type="checkbox"/>

FOOD PROTECTION MANAGEMENT

1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

2. Reporting of Diseases by Food Employee and PIC

3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

4. Food and Water from Approved Source

5. Receiving/Condition

6. Tags/Records/Accuracy of Ingredient Statements

7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

8. Separation/Segregation/Protection

9. Food Contact Surfaces Cleaning and Sanitizing

10. Proper Adequate Handwashing

11. Good Hygienic Practices

12. Prevention of Contamination from Hands

13. Handwash Facilities

PROTECTION FROM CHEMICALS

14. Approved Food or Color Additives

15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

16. Cooking Temperatures

17. Reheating

18. Cooling

19. Hot and Cold Holding

20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

21. Food and Food Preparation for HSP

CONSUMER ADVISORY

22. Posting of Consumer Advisories

-NO ISSUES

Violations Related to Good Retail Practices (Blue Items)

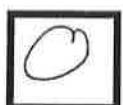
Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N
<input type="checkbox"/>	23. Management and Personnel (FC-2)(590.003)
<input type="checkbox"/>	24. Food and Food Protection (FC-3)(590.004)
<input type="checkbox"/>	25. Equipment and Utensils (FC-4)(590.005)
<input type="checkbox"/>	26. Water, Plumbing and Waste (FC-5)(590.006)
<input type="checkbox"/>	27. Physical Facility (FC-6)(590.007)
<input type="checkbox"/>	28. Poisonous or Toxic Materials (FC-7)(590.008)
<input type="checkbox"/>	29. Special Requirements (590.009)
<input type="checkbox"/>	30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:



Inspector's Signature: <i>Marco L Bangrazi</i>	Print: <i>Marco L Bangrazi</i>
PIC's Signature: <i>Monica Stemler</i>	Print: <i>Monica Stemler</i>

Print: <i>Marco L Bangrazi</i>	Page <i>1</i> of <i>1</i> Pages
--------------------------------	---------------------------------

Food Establishment Inspection Report – City/Town of Leominster

Establishment: <u>Johnny Appleseed School</u>	Date: <u>3-12-19</u>	Page 1 of <u>3</u>
Address: <u>845 Main St.</u>	Time in:	Time out:
Telephone: _____	Permit No.: _____	Number of Violated Provisions Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29): 
Owner: _____	_____	Number of Repeat Violations Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29): 
Person-in-charge: _____	_____	_____
Inspector: <u>Marco L. Bonney</u>	_____	_____
FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS		
IN = in compliance OUT= out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation		

Compliance Status		IN	OUT	N/A	N/O	COS	R
Supervision							
1	Person-in-charge present, demonstrates knowledge, and performs duties						
2	Certified Food Protection Manager						
Employee Health							
3	Management, food employee and conditional employee; knowledge, responsibilities and reporting						
4	Proper use of restriction and exclusion						
5	Procedures for responding to vomiting and diarrheal events						
Good Hygienic Practices							
6	Proper eating, tasting, drinking, or tobacco use						
7	No discharge from eyes, nose, and mouth						
Preventing Contamination by Hands							
8	Hands clean & properly washed						
9	No bare hand contact with ready-to-eat food						
10	Adequate handwashing sinks properly supplied and accessible						
Approved Source							
11	Food obtained from approved source						
12	Food received at proper temperature						
13	Food received in good condition, safe, & unadulterated						
14	Required records available: shellstock tags, parasite destruction						

Compliance Status		IN	OUT	N/A	N/O	COS	R
Protection from Contamination							
15	Food separated and protected						
16	Food-contact surfaces; cleaned & sanitized						
17	Proper disposition of returned, previously served, reconditioned & unsafe food						
Time/Temperature Control for Safety							
18	Proper cooking time & temperatures						
19	Proper reheating procedures for hot holding						
20	Proper cooling time and temperature						
21	Proper hot holding temperature						
22	Proper cold holding temperature						
23	Proper date marking and disposition						
24	Time as a Public Health Control						
Consumer Advisory							
25	Consumer advisory provided for raw / undercooked food						
Highly Susceptible Populations							
26	Pasteurized foods used; prohibited foods not offered						
Food/Color Additives and Toxic Substances							
27	Food additives: approved & properly used						
28	Toxic substances properly identified, stored & used						
Conformance with Approved Procedures							
29	Compliance with variance / specialized process / HACCP Plan						

Official Order for Correction: Based on an inspection today, the items marked "OUT" indicated violations of 105 CMR 590.000 and applicable sections of the 2013 FDA Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If you are subject to a notice of suspension, revocation, or non-renewal pursuant to 105 CMR 590.000 you may request a hearing before the board of health in accordance with 105 CMR 590.015(B).

Date of Reinspection: _____	Discussion with Person-in-Charge: _____
-----------------------------	---

Signature of Person-in-Charge: <u>Mona Steiner</u>	Date: <u>3-12-19</u>
Signature of Inspector: <u>Marco L. Bonney</u>	Date: <u>3-12-19</u>

Food Establishment Inspection Report – City/Town of Charlestown

Establishment: Johnny Appleseed School

Date: 3-12-19

Page 2 of 3

GOOD RETAIL PRACTICES AND MASSACHUSETTS-ONLY SECTIONS

IN = in compliance OUT= out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation

Compliance Status		IN	OUT	N/A	N/O	COS	R
Safe Food and Water							
30	Pasteurized eggs used where required						
31	Water & ice from approved source						
32	Variance obtained for specialized processing methods						
Food Temperature Control							
33	Proper cooling methods used; adequate equipment for temperature control						
34	Plant food properly cooked for hot holding						
35	Approved thawing methods used						
36	Thermometers provided & accurate						
Food Identification							
37	Food properly labeled; original container						
Prevention of Food Contamination							
38	Insects, rodents, & animals not present						
39	Contamination prevented during food preparation, storage and display						
40	Personal cleanliness						
41	Wiping cloths: properly used & stored						
42	Washing fruits & vegetables						
Proper Use of Utensils							
43	In-use utensils properly stored						
44	Utensils, equipment & linens: properly stored, dried, & handled						
45	Single-use / single-service articles: properly stored & used						
46	Gloves used properly						
Utensils, Equipment and Vending							
47	Food & non-food contact surfaces cleanable, properly designed, constructed & used						

Compliance Status		IN	OUT	N/A	N/O	COS	R
48 Warewashing facilities: installed, maintained, & used; test strips							
49	Non-food contact surfaces clean						
Physical Facilities							
50	Hot & cold water available; adequate pressure						
51	Plumbing installed; proper backflow devices						
52	Sewage & waste water properly disposed						
53	Toilet features: properly constructed, supplied, & cleaned						
54	Garbage & refuse properly disposed; facilities maintained						
55	Physical facilities installed, maintained, & clean						
56	Adequate ventilation & lighting; designated areas used						
Additional Requirements listed in 105 CMR 590.011							
M1	Anti-choking procedures in food service establishment						
M2	Food allergy awareness						
Review of Retail Operations listed in 105 CMR 590.010							
M3	Caterer						
M4	Mobile Food Operation						
M5	Temporary Food Establishment						
M6	Public Market; Farmers Market						
M7	Residential Kitchen; Bed-and-Breakfast Operation						
M8	Residential Kitchen: Cottage Food Operation						
M9	School Kitchen; USDA Nutrition Program						
M10	Leased Commercial Kitchen						
M11	Innovative Operation						
Local Requirements							
L1	Local law or regulation						
L2	Other						

Type of Operation(s): <input checked="" type="checkbox"/> Food Service Establishment <input type="checkbox"/> Retail Food Store <input type="checkbox"/> Residential: Cottage Foods <input type="checkbox"/> Residential; Bed & Breakfast <input type="checkbox"/> Mobile/Pushcart <input type="checkbox"/> Temporary Food Estab. <input type="checkbox"/> Other _____	Type of Inspection: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection <input type="checkbox"/> Pre-operational <input type="checkbox"/> Illness investigation <input type="checkbox"/> General complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____	Other Information:
--	---	--------------------

Signature of Person-in-Charge: Mona Senter

Date: 3-12-19

Signature of Inspector: Mona Senter

Date: 3-12-19

Food Establishment Inspection Report – City/Town of Loomis

Establishment: Johnny Appleseed School

n of Leominster

Date: 3.12.19 Page 3 of 3

Temperature Observations					
Item / Location	Temp (°F)	Item / Location	Temp (°F)	Item / Location	Temp (°F)

Observations and/or Corrective Actions

Violations cited in this report must be corrected within the time frames stated below or in Section 8-405.11 of the Food Code.

Signature of Person-in-Charge:

ge: Money Stemler

Date:

3-12-12

Signature of Inspector:

March 2 - Boyce
Co., Charlestown, MA

Date:

3-12-19

THE COMMONWEALTH OF MASSACHUSETTS

TOWN OR CITY OF Quincy**Massachusetts Department of Public Health**

Division of Food and Drugs

FOOD ESTABLISHMENT INSPECTION REPORT

Name <u>J. H. S.</u>	Date <u>9/18/17</u>	Type of Operation(s)	Type of Inspection
Address <u>100 South St.</u>	Risk Level	<input type="checkbox"/> Food Service	<input type="checkbox"/> Routine
Telephone <u>508-771-5700</u>	HACCP Y/N	<input type="checkbox"/> Retail	<input checked="" type="checkbox"/> Re-inspection <u>9/18/17</u>
Owner <u>City Office Building</u>	Time In:	<input type="checkbox"/> Residential Kitchen	Previous Inspection Date:
Person in Charge (PIC) <u>John Smith</u>	Out:	<input type="checkbox"/> Mobile	<input type="checkbox"/> Pre-operation
Inspector <u>John Smith</u>		<input type="checkbox"/> Temporary	<input type="checkbox"/> Suspect Illness
		<input type="checkbox"/> Caterer	<input type="checkbox"/> General Complaint
		<input type="checkbox"/> Bed & Breakfast	<input type="checkbox"/> HACCP
			<input type="checkbox"/> Other
		Permit No.	

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:
 Anti-Choking 590.009 (E)
 Tobacco 590.009 (F)
 Allergen Awareness 590.009 (G)

FOOD PROTECTION MANAGEMENT

1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

2. Reporting of Diseases by Food Employee and PIC

3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

4. Food and Water from Approved Source

5. Receiving/Condition

6. Tags/Records/Accuracy of Ingredient Statements

7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

8. Separation/Segregation/Protection

9. Food Contact Surfaces Cleaning and Sanitizing

10. Proper Adequate Handwashing

11. Good Hygienic Practices

12. Prevention of Contamination from Hands

13. Handwash Facilities

PROTECTION FROM CHEMICALS

14. Approved Food or Color Additives

15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

16. Cooking Temperatures

17. Reheating

18. Cooling

19. Hot and Cold Holding

20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

21. Food and Food Preparation for HSP

CONSUMER ADVISORY

22. Posting of Consumer Advisories

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION: 9/18/17, 9/25/17

C	N	
		23. Management and Personnel (FC-2)(590.003)
		24. Food and Food Protection (FC-3)(590.004)
		25. Equipment and Utensils (FC-4)(590.005)
		26. Water, Plumbing and Waste (FC-5)(590.006)
		27. Physical Facility (FC-6)(590.007)
		28. Poisonous or Toxic Materials (FC-7)(590.008)
		29. Special Requirements (590.009)
		30. Other

Inspector's Signature: John Smith

Print: _____

PIC's Signature: John Smith

Print: _____

Page 1 of 1 Pages

THE COMMONWEALTH OF MASSACHUSETTS

TOWN OR CITY OF Leominster**Massachusetts Department of Public Health**

Division of Food and Drugs

FOOD ESTABLISHMENT INSPECTION REPORT

Name <u>LHS Cafe</u>	Date <u>5-2-18</u>	Type of Operation(s)	Type of Inspection
Address <u>Granite St.</u>	Risk Level	<input checked="" type="checkbox"/> Food Service	<input type="checkbox"/> Routine
Telephone		<input type="checkbox"/> Retail	<input type="checkbox"/> Re-inspection
Owner	HACCP Y/N	<input type="checkbox"/> Residential Kitchen	Previous Inspection Date:
Person in Charge (PIC)		<input type="checkbox"/> Mobile	<input type="checkbox"/> Pre-operation
Inspector <u>Marcel Bayon</u>	Time	<input type="checkbox"/> Temporary	<input type="checkbox"/> Suspect Illness
	In:	<input type="checkbox"/> Caterer	<input type="checkbox"/> General Complaint
	Out:	<input type="checkbox"/> Bed & Breakfast	<input type="checkbox"/> HACCP
		Permit No.	<input type="checkbox"/> Other

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

FOOD PROTECTION MANAGEMENT 1. PIC Assigned / Knowledgeable / Duties**EMPLOYEE HEALTH** 2. Reporting of Diseases by Food Employee and PIC 3. Personnel with Infections Restricted/Excluded**FOOD FROM APPROVED SOURCE** 4. Food and Water from Approved Source 5. Receiving/Condition 6. Tags/Records/Accuracy of Ingredient Statements 7. Conformance with Approved Procedures/HACCP Plans**PROTECTION FROM CONTAMINATION** 8. Separation/Segregation/Protection 9. Food Contact Surfaces Cleaning and Sanitizing 10. Proper Adequate Handwashing 11. Good Hygienic Practices 12. Prevention of Contamination from Hands 13. Handwash Facilities**PROTECTION FROM CHEMICALS** 14. Approved Food or Color Additives 15. Toxic Chemicals**TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)** 16. Cooking Temperatures 17. Reheating 18. Cooling 19. Hot and Cold Holding 20. Time As a Public Health Control**REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)** 21. Food and Food Preparation for HSP**CONSUMER ADVISORY** 22. Posting of Consumer Advisories

Number of Violated Provisions Related
To Foodborne Illnesses Interventions
and Risk Factors (Red Items 1-22):

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:5-30-18Inspector's Signature: Marcel BayonPrint: Marcel BayonPIC's Signature: Marcel BayonPrint: Marcel BayonPage 1 of 1 Pages

THE COMMONWEALTH OF MASSACHUSETTS
TOWN OR CITY OF Leominster

Massachusetts Department of Public Health

Division of Food and Drugs

FOOD ESTABLISHMENT INSPECTION REPORT

Name <u>LHS Cafe - School</u>	Date <u>11-7-18</u>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service	Type of Inspection <input checked="" type="checkbox"/> Routine
Address <u>132 Granite St.</u>	Risk Level	<input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	<input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other
Telephone	HACCP Y/N		
Owner	Time In: Out:		
Person in Charge (PIC)		Permit No.	
Inspector <u>Marco L. Bangrazi</u>			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Non-compliance with:

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Anti-Choking	590.009 (E)	<input type="checkbox"/>
Tobacco	590.009 (F)	<input type="checkbox"/>
Allergen Awareness	590.009 (G)	<input type="checkbox"/>

FOOD PROTECTION MANAGEMENT

1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

2. Reporting of Diseases by Food Employee and PIC

3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

4. Food and Water from Approved Source

5. Receiving/Condition

6. Tags/Records/Accuracy of Ingredient Statements

7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

8. Separation/Segregation/Protection

9. Food Contact Surfaces Cleaning and Sanitizing

10. Proper Adequate Handwashing

11. Good Hygienic Practices

12. Prevention of Contamination from Hands

13. Handwash Facilities

PROTECTION FROM CHEMICALS

14. Approved Food or Color Additives

15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

16. Cooking Temperatures

17. Reheating

18. Cooling

19. Hot and Cold Holding

20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

21. Food and Food Preparation for HSP

CONSUMER ADVISORY

All Set.

22. Posting of Consumer Advisories

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

Inspector's Signature: <u>Marco L. Bangrazi</u>	Print: <u>Marco L. Bangrazi</u>	Page <u>1</u> of <u>1</u> Pages
PIC's Signature: <u>Marco L. Bangrazi</u>	Print: <u>Marco L. Bangrazi</u>	

Food Establishment Inspection Report – City/Town of Leominster

Establishment: <u>Leominster High School</u>	Date: <u>6-11-19</u>	Page 1 of <u>2</u>
Address: <u>122 Granite St.</u>	Time in: <u>/</u>	Time out: <u>/</u>
Telephone: _____	Permit No.: _____	Number of Violated Provisions Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29): _____
Owner: _____		
Person-in-charge: <u>Roman Buzagan</u>		
Inspector: <u>Marco L. Bourque</u>	Number of Repeat Violations Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29): _____	
FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS		
IN = in compliance OUT= out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation		

Compliance Status		IN	OUT	N/A	N/O	COS	R
Supervision							
1	Person-in-charge present, demonstrates knowledge, and performs duties						
2	Certified Food Protection Manager						
Employee Health							
3	Management, food employee and conditional employee; knowledge, responsibilities and reporting						
4	Proper use of restriction and exclusion						
5	Procedures for responding to vomiting and diarrheal events						
Good Hygienic Practices							
6	Proper eating, tasting, drinking, or tobacco use						
7	No discharge from eyes, nose, and mouth						
Preventing Contamination by Hands							
8	Hands clean & properly washed						
9	No bare hand contact with ready-to-eat food						
10	Adequate handwashing sinks properly supplied and accessible						
Approved Source							
11	Food obtained from approved source						
12	Food received at proper temperature						
13	Food received in good condition, safe, & unadulterated						
14	Required records available: shellstock tags, parasite destruction						

Compliance Status		IN	OUT	N/A	N/O	COS	R
Protection from Contamination							
15	Food separated and protected						
16	Food-contact surfaces; cleaned & sanitized						
17	Proper disposition of returned, previously served, reconditioned & unsafe food						
Time/Temperature Control for Safety							
18	Proper cooking time & temperatures						
19	Proper reheating procedures for hot holding						
20	Proper cooling time and temperature						
21	Proper hot holding temperature						
22	Proper cold holding temperature						
23	Proper date marking and disposition						
24	Time as a Public Health Control						
Consumer Advisory							
25	Consumer advisory provided for raw / undercooked food						
Highly Susceptible Populations							
26	Pasteurized foods used; prohibited foods not offered						
Food/Color Additives and Toxic Substances							
27	Food additives: approved & properly used						
28	Toxic substances properly identified, stored & used						
Conformance with Approved Procedures							
29	Compliance with variance / specialized process / HACCP Plan						

Official Order for Correction: Based on an inspection today, the items marked "OUT" indicated violations of 105 CMR 590.000 and applicable sections of the 2013 FDA Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If you are subject to a notice of suspension, revocation, or non-renewal pursuant to 105 CMR 590.000 you may request a hearing before the board of health in accordance with 105 CMR 590.015(B).

Date of Reinspection:

Discussion with Person-in-Charge:

Please clean dust from fan units as well as ceiling fans / adjoining ceiling

Signature of Person-in-Charge:

Signature of Inspector:

Form 734A-1 A.M. Sulkin Co., Charlestown, MA

Date: 6-11-19

Date: 6-11-19

Date: 6-11-19

Date: 6-11-19

Food Establishment Inspection Report – City/Town of *Leominster*

Establishment: *Leominster High School*

Date: *6-11-19*

Page 2 of *2*

GOOD RETAIL PRACTICES AND MASSACHUSETTS-ONLY SECTIONS

IN = in compliance OUT= out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation

Compliance Status		IN	OUT	N/A	N/O	COS	R
Safe Food and Water							
30	Pasteurized eggs used where required						
31	Water & ice from approved source						
32	Variance obtained for specialized processing methods						
Food Temperature Control							
33	Proper cooling methods used; adequate equipment for temperature control						
34	Plant food properly cooked for hot holding						
35	Approved thawing methods used						
36	Thermometers provided & accurate						
Food Identification							
37	Food properly labeled; original container						
Prevention of Food Contamination							
38	Insects, rodents, & animals not present						
39	Contamination prevented during food preparation, storage and display						
40	Personal cleanliness						
41	Wiping cloths: properly used & stored						
42	Washing fruits & vegetables						
Proper Use of Utensils							
43	In-use utensils properly stored						
44	Utensils, equipment & linens: properly stored, dried, & handled						
45	Single-use / single-service articles: properly stored & used						
46	Gloves used properly						
Utensils, Equipment and Vending							
47	Food & non-food contact surfaces cleanable, properly designed, constructed & used						

Compliance Status		IN	OUT	N/A	N/O	COS	R
48 Warewashing facilities: installed, maintained, & used; test strips							
49	Non-food contact surfaces clean						
Physical Facilities							
50	Hot & cold water available; adequate pressure						
51	Plumbing installed; proper backflow devices						
52	Sewage & waste water properly disposed						
53	Toilet features: properly constructed, supplied, & cleaned						
54	Garbage & refuse properly disposed; facilities maintained						
55	Physical facilities installed, maintained, & clean						
56	Adequate ventilation & lighting; designated areas used						
Additional Requirements listed in 105 CMR 590.011							
M1	Anti-choking procedures in food service establishment						
M2	Food allergy awareness						
Review of Retail Operations listed in 105 CMR 590.010							
M3	Caterer						
M4	Mobile Food Operation						
M5	Temporary Food Establishment						
M6	Public Market; Farmers Market						
M7	Residential Kitchen; Bed-and-Breakfast Operation						
M8	Residential Kitchen: Cottage Food Operation						
M9	School Kitchen; USDA Nutrition Program						
M10	Leased Commercial Kitchen						
M11	Innovative Operation						
Local Requirements							
L1	Local law or regulation						
L2	Other						

Type of Operation(s):
 Food Service Establishment
 Retail Food Store
 Residential: Cottage Foods
 Residential; Bed & Breakfast
 Mobile/Pushcart
 Temporary Food Estab.
 Other _____

Type of Inspection:
 Routine
 Re-inspection
 Pre-operational
 Illness investigation
 General complaint
 HACCP
 Other _____

Other Information:
NA

Signature of Person-in-Charge:

Date:

Signature of Inspector:

Date:

THE COMMONWEALTH OF MASSACHUSETTS

TOWN OR CITY OF Levinston**Massachusetts Department of Public Health**

Division of Food and Drugs

FOOD ESTABLISHMENT INSPECTION REPORT

Name <i>Levinston</i>	Date <i>9/1/17</i>	Type of Operation(s)	Type of Inspection
Address <i>Stearns Ave.</i>	Risk Level	<input type="checkbox"/> Food Service	<input checked="" type="checkbox"/> Routine
Telephone <i>534-0414</i>		<input type="checkbox"/> Retail	<input type="checkbox"/> Re-Inspection
Owner <i>City of Levinston</i>	HACCP Y/N	<input type="checkbox"/> Residential Kitchen	Previous Inspection Date:
Person in Charge (PIC) <i>Levinston</i>	Time In: Out:	<input type="checkbox"/> Mobile	<input type="checkbox"/> Pre-operation
Inspector <i>Priscilla Quansah</i>		<input type="checkbox"/> Temporary	<input type="checkbox"/> Suspect Illness
		<input type="checkbox"/> Caterer	<input type="checkbox"/> General Complaint
		<input type="checkbox"/> Bed & Breakfast	<input type="checkbox"/> HACCP
			<input type="checkbox"/> Other
		Permit No.	

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:

Anti-Choking	590.009 (E)	<input type="checkbox"/>
Tobacco	590.009 (F)	<input type="checkbox"/>
Allergen Awareness	590.009 (G)	<input type="checkbox"/>

FOOD PROTECTION MANAGEMENT

1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

2. Reporting of Diseases by Food Employee and PIC

3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

4. Food and Water from Approved Source

5. Receiving/Condition

6. Tags/Records/Accuracy of Ingredient Statements

7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

8. Separation/Segregation/Protection

9. Food Contact Surfaces Cleaning and Sanitizing

10. Proper Adequate Handwashing

11. Good Hygienic Practices

12. Prevention of Contamination from Hands

13. Handwash Facilities

PROTECTION FROM CHEMICALS

14. Approved Food or Color Additives

15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

16. Cooking Temperatures

17. Reheating

18. Cooling

19. Hot and Cold Holding

20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

21. Food and Food Preparation for HSP

CONSUMER ADVISORY

22. Posting of Consumer Advisories

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

C	N	
		23. Management and Personnel (FC-2)(590.003)
		24. Food and Food Protection (FC-3)(590.004)
		25. Equipment and Utensils (FC-4)(590.005)
		26. Water, Plumbing and Waste (FC-5)(590.006)
		27. Physical Facility (FC-6)(590.007)
		28. Poisonous or Toxic Materials (FC-7)(590.008)
		29. Special Requirements (590.009)
		30. Other

Inspector's Signature <i>Priscilla Quansah</i>	Print: <i>Priscilla Quansah</i>
PIC's Signature: <i>Russell Quansah</i>	Print: <i>Priscilla Quansah</i>

Page *1* of *1* Pages

THE COMMONWEALTH OF MASSACHUSETTS
TOWN OR CITY OF Somerville

Massachusetts Department of Public Health

Division of Food and Drugs

FOOD ESTABLISHMENT INSPECTION REPORT

Name <i>Northwest School</i>	Date <i>7-9-18</i>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection <input type="checkbox"/> Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other
Address <i>95 Stearns Ave</i>	Risk Level		
Telephone	HACCP Y/N		
Owner	Time In: Out:	Permit No.	
Person in Charge (PIC) <i>Priscilla Quansah</i>			
Inspector <i>Marco L. Bangzay</i>			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Non-compliance with:

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Anti-Choking 590.009 (E)
Tobacco 590.009 (F)
Allergen Awareness 590.009 (G)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

FOOD PROTECTION MANAGEMENT

- 1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

- 2. Reporting of Diseases by Food Employee and PIC

- 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

- 4. Food and Water from Approved Source

- 5. Receiving/Condition

- 6. Tags/Records/Accuracy of Ingredient Statements

- 7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

- 8. Separation/Segregation/Protection

- 9. Food Contact Surfaces Cleaning and Sanitizing

- 10. Proper Adequate Handwashing

- 11. Good Hygienic Practices

- 12. Prevention of Contamination from Hands

- 13. Handwash Facilities *Mice caught in traps in storage room/no*

- 14. Approved Food or Color Additives *other signs,*

- 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- 16. Cooking Temperatures *Clean light shield*

- 17. Reheating *Closest to Walk-in cooler*

- 18. Cooling

- 19. Hot and Cold Holding

- 20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

- 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- 22. Posting of Consumer Advisories

No other issues

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22): *0*

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

Inspector's Signature: <i>Marco L. Bangzay</i>	Print: <i>Marco L. Bangzay</i>	
PIC's Signature: <i>Priscilla Quansah</i>	Print: <i>Priscilla Quansah</i>	Page <u>1</u> of <u>1</u> Pages

THE COMMONWEALTH OF MASSACHUSETTS
TOWN OR CITY OF Somerville

Massachusetts Department of Public Health

Division of Food and Drugs

FOOD ESTABLISHMENT INSPECTION REPORT

Name	Northwest School			Date	1-9-19	Type of Operation(s)	<input checked="" type="checkbox"/> Food Service			Type of Inspection	<input checked="" type="checkbox"/> Routine		
Address	45 Stearns Ave			Risk Level		<input type="checkbox"/> Retail	<input type="checkbox"/> Residential Kitchen	<input type="checkbox"/> Mobile	<input type="checkbox"/> Temporary	<input type="checkbox"/> Caterer	<input type="checkbox"/> Bed & Breakfast	<input checked="" type="checkbox"/> Re-inspection	
Telephone	978-534-7756			HACCP Y/N		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Previous Inspection Date:	
Owner				Time In:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pre-operation	
Person in Charge (PIC)				Time Out:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Suspect Illness	
Inspector	Marco L. Bangsaw					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	General Complaint	
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HACCP	
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other	

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Non-compliance with:

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Anti-Choking 590.009 (E)
Tobacco 590.009 (F)
Allergen Awareness 590.009 (G)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

FOOD PROTECTION MANAGEMENT

1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

2. Reporting of Diseases by Food Employee and PIC

3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

4. Food and Water from Approved Source

5. Receiving/Condition Five insp. Good

6. Tags/Records/Accuracy of Ingredient Statements

7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

Facility Clean @

8. Separation/Segregation/Protection time or insp.

9. Food Contact Surfaces Cleaning and Sanitizing

10. Proper Adequate Handwashing Temp checks good

11. Good Hygienic Practices

12. Prevention of Contamination from Hands

13. Handwash Facilities

PROTECTION FROM CHEMICALS

14. Approved Food or Color Additives

15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

16. Cooking Temperatures

Clean fire suppression heads (Sprinkler heads) in kitchen.

17. Reheating

18. Cooling

19. Hot and Cold Holding

20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

21. Food and Food Preparation for HSP

CONSUMER ADVISORY

22. Posting of Consumer Advisories

NO issues

Violations Related to Good Retail Practices (Blue Items)

Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N
23. Management and Personnel (FC-2)(590.003)	
24. Food and Food Protection (FC-3)(590.004)	
25. Equipment and Utensils (FC-4)(590.005)	
26. Water, Plumbing and Waste (FC-5)(590.006)	
27. Physical Facility (FC-6)(590.007)	
28. Poisonous or Toxic Materials (FC-7)(590.008)	
29. Special Requirements (590.009)	
30. Other	

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):



Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

Inspector's Signature: Marco L. Bangsaw
PIC's Signature: Priscilla Quan

Print: Marco L. Bangsaw
Print: Priscilla Quan

Page 1 of 1 Pages

Food Establishment Inspection Report – City/Town of Leominster

Establishment: <u>Northwest Elementary School /</u>	Date: <u>6-12-19</u>	Page 1 of <u>3</u>
Address: <u>45 Stearns Ave.</u>	Time in: <u>/</u>	Time out: <u>/</u>
Telephone: _____	Permit No.: _____	Number of Violated Provisions Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29): <u>0</u>
Owner: _____		
Person-in-charge: <u>K. Priscilla Quansah</u>	Number of Repeat Violations Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29): <u>0</u>	
Inspector: <u>Marcia Z. Bangay</u>		

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

IN = in compliance OUT= out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation

Compliance Status		IN	OUT	N/A	N/O	COS	R
Supervision							
1	Person-in-charge present, demonstrates knowledge, and performs duties						
2	Certified Food Protection Manager						
Employee Health							
3	Management, food employee and conditional employee; knowledge, responsibilities and reporting						
4	Proper use of restriction and exclusion						
5	Procedures for responding to vomiting and diarrheal events						
Good Hygienic Practices							
6	Proper eating, tasting, drinking, or tobacco use						
7	No discharge from eyes, nose, and mouth						
Preventing Contamination by Hands							
8	Hands clean & properly washed						
9	No bare hand contact with ready-to-eat food						
10	Adequate handwashing sinks properly supplied and accessible						
Approved Source							
11	Food obtained from approved source						
12	Food received at proper temperature						
13	Food received in good condition, safe, & unadulterated						
14	Required records available: shellstock tags, parasite destruction						

Compliance Status		IN	OUT	N/A	N/O	COS	R
Protection from Contamination							
15	Food separated and protected						
16	Food-contact surfaces; cleaned & sanitized						
17	Proper disposition of returned, previously served, reconditioned & unsafe food						
Time/Temperature Control for Safety							
18	Proper cooking time & temperatures						
19	Proper reheating procedures for hot holding						
20	Proper cooling time and temperature						
21	Proper hot holding temperature						
22	Proper cold holding temperature						
23	Proper date marking and disposition						
24	Time as a Public Health Control						
Consumer Advisory							
25	Consumer advisory provided for raw / undercooked food						
Highly Susceptible Populations							
26	Pasteurized foods used; prohibited foods not offered						
Food/Color Additives and Toxic Substances							
27	Food additives: approved & properly used						
28	Toxic substances properly identified, stored & used						
Conformance with Approved Procedures							
29	Compliance with variance / specialized process / HACCP Plan						

Official Order for Correction: Based on an inspection today, the items marked "OUT" indicated violations of 105 CMR 590.000 and applicable sections of the 2013 FDA Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If you are subject to a notice of suspension, revocation, or non-renewal pursuant to 105 CMR 590.000 you may request a hearing before the board of health in accordance with 105 CMR 590.015(B).

Date of Reinspection: Discussion with Person-in-Charge:

+ All temp checks good
+ all sanitizer checks good

clean and Sanitary
@ T.O.S.

Signature of Person-in-Charge: K. Priscilla Quansah

Date: 6-12-19

Signature of Inspector: Marcia Z. Bangay

Date: 6-12-19

Food Establishment Inspection Report – City/Town of Leominster

Establishment: Northwest School

Date: 6-12-19

Page 2 of 3

GOOD RETAIL PRACTICES AND MASSACHUSETTS-ONLY SECTIONS

IN = in compliance OUT= out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation

Compliance Status		IN	OUT	N/A	N/O	COS	R
Safe Food and Water							
30	Pasteurized eggs used where required						
31	Water & ice from approved source						
32	Variance obtained for specialized processing methods						
Food Temperature Control							
33	Proper cooling methods used; adequate equipment for temperature control						
34	Plant food properly cooked for hot holding						
35	Approved thawing methods used						
36	Thermometers provided & accurate						
Food Identification							
37	Food properly labeled; original container						
Prevention of Food Contamination							
38	Insects, rodents, & animals not present						
39	Contamination prevented during food preparation, storage and display						
40	Personal cleanliness						
41	Wiping cloths: properly used & stored						
42	Washing fruits & vegetables						
Proper Use of Utensils							
43	In-use utensils properly stored						
44	Utensils, equipment & linens: properly stored, dried, & handled						
45	Single-use / single-service articles: properly stored & used						
46	Gloves used properly						
Utensils, Equipment and Vending							
47	Food & non-food contact surfaces cleanable, properly designed, constructed & used						

Compliance Status		IN	OUT	N/A	N/O	COS	R
Warewashing facilities: installed, maintained, & used; test strips							
48							
49	Non-food contact surfaces clean						
Physical Facilities							
50	Hot & cold water available; adequate pressure						
51	Plumbing installed; proper backflow devices						
52	Sewage & waste water properly disposed						
53	Toilet features: properly constructed, supplied, & cleaned						
54	Garbage & refuse properly disposed; facilities maintained						
55	Physical facilities installed, maintained, & clean						
56	Adequate ventilation & lighting; designated areas used						
Additional Requirements listed in 105 CMR 590.011							
M1	Anti-choking procedures in food service establishment						
M2	Food allergy awareness						
Review of Retail Operations listed in 105 CMR 590.010							
M3	Caterer						
M4	Mobile Food Operation						
M5	Temporary Food Establishment						
M6	Public Market; Farmers Market						
M7	Residential Kitchen; Bed-and-Breakfast Operation						
M8	Residential Kitchen: Cottage Food Operation						
M9	School Kitchen; USDA Nutrition Program						
M10	Leased Commercial Kitchen						
M11	Innovative Operation						
Local Requirements							
L1	Local law or regulation						
L2	Other						

Type of Operation(s):	Type of Inspection:	Other Information:
<input checked="" type="checkbox"/> Food Service Establishment	<input checked="" type="checkbox"/> Routine	<i>School - Elementary</i>
<input type="checkbox"/> Retail Food Store	<input type="checkbox"/> Re-inspection	
<input type="checkbox"/> Residential: Cottage Foods	<input type="checkbox"/> Pre-operational	
<input type="checkbox"/> Residential; Bed & Breakfast	<input type="checkbox"/> Illness investigation	
<input type="checkbox"/> Mobile/Pushcart	<input type="checkbox"/> General complaint	
<input type="checkbox"/> Temporary Food Estab.	<input type="checkbox"/> HACCP	
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	

Signature of Person-in-Charge:

Michael Ayez

Date: 6-12-19

Signature of Inspector:

Marco Z. Boyce

Date: 6-12-19

Food Establishment Inspection Report – City/Town of Leominster

Establishment: Northwest Elementary

Date: 6-12-19 Page 3 of 3

Temperature Observations					
Item / Location	Temp (°F)	Item / Location	Temp (°F)	Item / Location	Temp (°F)

Observations and/or Corrective Actions

Violations cited in this report must be corrected within the time frames stated below or in Section 8-405.11 of the Food Code

Signature of Person-in-Charge:

Page: Russell L. Muncy

Date: 6-12-19

Signature of Inspector:

~~Marco L. Bonelli~~
Marco L. Bonelli
n Co., Charlestown, MA

Date: 6-12-10

THE COMMONWEALTH OF MASSACHUSETTS

TOWN OR CITY OF Charlestown**Massachusetts Department of Public Health**

Division of Food and Drugs

FOOD ESTABLISHMENT INSPECTION REPORT

Name <i>Frank J. T.</i>	Date <i>9/7/14</i>	Type of Operation(s) <input type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <i>141 Main St.</i>	Risk Level		
Telephone <i>617-776-1534</i>	HACCP Y/N		
Owner <i>City of Charlestown</i>	Time In: Out:		
Person in Charge (PIC) <i>Frank J. T.</i>	Permit No.		
Inspector <i>Frank J. T.</i>			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:

Anti-Choking	590.009 (E)	<input type="checkbox"/>
Tobacco	590.009 (F)	<input type="checkbox"/>
Allergen Awareness	590.009 (G)	<input type="checkbox"/>

FOOD PROTECTION MANAGEMENT

- 1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

- 2. Reporting of Diseases by Food Employee and PIC

- 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

- 4. Food and Water from Approved Source

- 5. Receiving/Condition

- 6. Tags/Records/Accuracy of Ingredient Statements

- 7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

- 8. Separation/Segregation/Protection

- 9. Food Contact Surfaces Cleaning and Sanitizing

- 10. Proper Adequate Handwashing

- 11. Good Hygienic Practices

- 12. Prevention of Contamination from Hands

- 13. Handwash Facilities

PROTECTION FROM CHEMICALS

- 14. Approved Food or Color Additives

- 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- 16. Cooking Temperatures

- 17. Reheating

- 18. Cooling

- 19. Hot and Cold Holding

- 20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

- 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- 22. Posting of Consumer Advisories

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

C	N
	23. Management and Personnel (FC-2)(590.003)
	24. Food and Food Protection (FC-3)(590.004)
	25. Equipment and Utensils (FC-4)(590.005)
	26. Water, Plumbing and Waste (FC-5)(590.006)
	27. Physical Facility (FC-6)(590.007)
	28. Poisonous or Toxic Materials (FC-7)(590.008)
	29. Special Requirements (590.009)
	30. Other

- 23. Management and Personnel (FC-2)(590.003)
- 24. Food and Food Protection (FC-3)(590.004)
- 25. Equipment and Utensils (FC-4)(590.005)
- 26. Water, Plumbing and Waste (FC-5)(590.006)
- 27. Physical Facility (FC-6)(590.007)
- 28. Poisonous or Toxic Materials (FC-7)(590.008)
- 29. Special Requirements (590.009)
- 30. Other

Inspector's Signature: *Frank J. T.*Print: *Francesca Tascioni*PIC's Signature: *Frank J. T.*Print: *Francesca Tascioni*Page 1 of 1 Pages

THE COMMONWEALTH OF MASSACHUSETTS

TOWN OR CITY OF Leominster**Massachusetts Department of Public Health**

Division of Food and Drugs

FOOD ESTABLISHMENT INSPECTION REPORT

Name <i>Front St.</i>	Date <i>7/14/17</i>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <i>Front St.</i>	Risk Level		
Telephone			
Owner <i>Clyde Howard</i>	HACCP Y/N		
Person in Charge (PIC)	Time In: Out:		
Inspector <i>Leanne Embrey</i>		Permit No.	

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Non-compliance with:**Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)**

Anti-Choking	590.009 (E)	<input type="checkbox"/>
Tobacco	590.009 (F)	<input type="checkbox"/>
Allergen Awareness	590.009 (G)	<input type="checkbox"/>

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

FOOD PROTECTION MANAGEMENT

1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

2. Reporting of Diseases by Food Employee and PIC
 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

4. Food and Water from Approved Source
 5. Receiving/Condition
 6. Tags/Records/Accuracy of Ingredient Statements
 7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

8. Separation/Segregation/Protection
 9. Food Contact Surfaces Cleaning and Sanitizing
 10. Proper Adequate Handwashing
 11. Good Hygienic Practices

12. Prevention of Contamination from Hands

13. Handwash Facilities

PROTECTION FROM CHEMICALS

14. Approved Food or Color Additives
 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

16. Cooking Temperatures
Front St.
in all
refrigerators +
 17. Reheating
 18. Cooling
 19. Hot and Cold Holding
 20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

21. Food and Food Preparation for HSP

CONSUMER ADVISORY

22. Posting of Consumer Advisories

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):
✓

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N
	23. Management and Personnel (FC-2)(590.003)
	24. Food and Food Protection (FC-3)(590.004)
	25. Equipment and Utensils (FC-4)(590.005)
	26. Water, Plumbing and Waste (FC-5)(590.006)
	27. Physical Facility (FC-6)(590.007)
	28. Poisonous or Toxic Materials (FC-7)(590.008)
	29. Special Requirements (590.009)
	30. Other

Inspector's Signature: *Leanne Embrey*

Print: _____

PIC's Signature: *Carrie Embrey*

Print: _____

Page 1 of 1 Pages

THE COMMONWEALTH OF MASSACHUSETTS

TOWN OR CITY OF Lynn**Massachusetts Department of Public Health**

Division of Food and Drugs

FOOD ESTABLISHMENT INSPECTION REPORT

Name <u>BEST B School</u>	Date <u>2-13-18</u>	Type of Operation(s)	Type of Inspection
Address	Risk Level	<input checked="" type="checkbox"/> Retail	<input checked="" type="checkbox"/> Routine
Telephone		<input type="checkbox"/> Residential Kitchen	<input type="checkbox"/> Re-inspection
Owner	HACCP Y/N	<input type="checkbox"/> Mobile	Previous Inspection Date:
Person in Charge (PIC) <u>Taylor</u>		<input type="checkbox"/> Temporary	<input type="checkbox"/> Pre-operation
Inspector <u>2018-02-13</u>	Time	<input type="checkbox"/> Caterer	<input type="checkbox"/> Suspect Illness
	In:	<input type="checkbox"/> Bed & Breakfast	<input type="checkbox"/> General Complaint
	Out:	Permit No.	<input type="checkbox"/> HACCP
			<input type="checkbox"/> Other _____

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:

Anti-Choking	590.009 (E)	<input type="checkbox"/>
Tobacco	590.009 (F)	<input type="checkbox"/>
Allergen Awareness	590.009 (G)	<input type="checkbox"/>

FOOD PROTECTION MANAGEMENT

- 1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

- 2. Reporting of Diseases by Food Employee and PIC
- 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

- 4. Food and Water from Approved Source
- 5. Receiving/Condition
- 6. Tags/Records/Accuracy of Ingredient Statements
- 7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

- 8. Separation/Segregation/Protection
- 9. Food Contact Surfaces Cleaning and Sanitizing
- 10. Proper Adequate Handwashing
- 11. Good Hygienic Practices

- 12. Prevention of Contamination from Hands
- 13. Handwash Facilities

PROTECTION FROM CHEMICALS

- 14. Approved Food or Color Additives
- 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- 16. Cooking Temperatures
- 17. Reheating
- 18. Cooling
- 19. Hot and Cold Holding
- 20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

- 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- 22. Posting of Consumer Advisories

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22): 1

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION: 2-13-18

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N	Violation Description	Code	Violation Type
		23. Management and Personnel	(FC-2)(590.003)	
		24. Food and Food Protection	(FC-3)(590.004)	
		25. Equipment and Utensils	(FC-4)(590.005)	
		26. Water, Plumbing and Waste	(FC-5)(590.006)	
		27. Physical Facility	(FC-6)(590.007)	
		28. Poisonous or Toxic Materials	(FC-7)(590.008)	
		29. Special Requirements	(590.009)	
		30. Other		

Inspector's Signature: Mary Brandy Print: _____PIC's Signature: David Jacobs Print: David Jacobs _____Page 1 of 1 Pages

Food Establishment Inspection Report – City/Town of Leominster

Establishment: <u>Priest St. School</u>	Date: <u>3-19-19</u>	Page 1 of <u>2</u>
Address: <u>115 Priest St.</u>	Time in:	Time out:
Telephone:	Permit No.:	Number of Violated Provisions Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29):
Owner:		
Person-in-charge:		Number of Repeat Violations Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29):
Inspector: <u>Marco L. Bangay</u>		
FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS		
IN = in compliance OUT= out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation		

Compliance Status		IN	OUT	N/A	N/O	COS	R
Supervision							
1	Person-in-charge present, demonstrates knowledge, and performs duties						
2	Certified Food Protection Manager						
Employee Health							
3	Management, food employee and conditional employee; knowledge, responsibilities and reporting						
4	Proper use of restriction and exclusion						
5	Procedures for responding to vomiting and diarrheal events						
Good Hygienic Practices							
6	Proper eating, tasting, drinking, or tobacco use						
7	No discharge from eyes, nose, and mouth						
Preventing Contamination by Hands							
8	Hands clean & properly washed						
9	No bare hand contact with ready-to-eat food						
10	Adequate handwashing sinks properly supplied and accessible						
Approved Source							
11	Food obtained from approved source						
12	Food received at proper temperature						
13	Food received in good condition, safe, & unadulterated						
14	Required records available: shellstock tags, parasite destruction						

Compliance Status		IN	OUT	N/A	N/O	COS	R
Protection from Contamination							
15	Food separated and protected						
16	Food-contact surfaces; cleaned & sanitized						
17	Proper disposition of returned, previously served, reconditioned & unsafe food						
Time/Temperature Control for Safety							
18	Proper cooking time & temperatures						
19	Proper reheating procedures for hot holding						
20	Proper cooling time and temperature						
21	Proper hot holding temperature						
22	Proper cold holding temperature						
23	Proper date marking and disposition						
24	Time as a Public Health Control						
Consumer Advisory							
25	Consumer advisory provided for raw / undercooked food						
Highly Susceptible Populations							
26	Pasteurized foods used; prohibited foods not offered						
Food/Color Additives and Toxic Substances							
27	Food additives: approved & properly used						
28	Toxic substances properly identified, stored & used						
Conformance with Approved Procedures							
29	Compliance with variance / specialized process / HACCP Plan						

Official Order for Correction: Based on an inspection today, the items marked "OUT" indicated violations of 105 CMR 590.000 and applicable sections of the 2013 FDA Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If you are subject to a notice of suspension, revocation, or non-renewal pursuant to 105 CMR 590.000 you may request a hearing before the board of health in accordance with 105 CMR 590.015(B).

Date of Reinspection: Discussion with Person-in-Charge:

Signature of Person-in-Charge: Mark J. Hill Date: 3-19-19

Signature of Inspector: Marco L. Bangay Date: 3-19-19

Food Establishment Inspection Report – City/Town of Leominster

Establishment: Priest St. School

Date: 3-19-19

Page 2 of 2

GOOD RETAIL PRACTICES AND MASSACHUSETTS-ONLY SECTIONS

IN = in compliance OUT= out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation

Compliance Status		IN	OUT	N/A	N/O	COS	R
Safe Food and Water							
30	Pasteurized eggs used where required						
31	Water & ice from approved source						
32	Variance obtained for specialized processing methods						
Food Temperature Control							
33	Proper cooling methods used; adequate equipment for temperature control						
34	Plant food properly cooked for hot holding						
35	Approved thawing methods used						
36	Thermometers provided & accurate						
Food Identification							
37	Food properly labeled; original container						
Prevention of Food Contamination							
38	Insects, rodents, & animals not present						
39	Contamination prevented during food preparation, storage and display						
40	Personal cleanliness						
41	Wiping cloths: properly used & stored						
42	Washing fruits & vegetables						
Proper Use of Utensils							
43	In-use utensils properly stored						
44	Utensils, equipment & linens: properly stored, dried, & handled						
45	Single-use / single-service articles: properly stored & used						
46	Gloves used properly						
Utensils, Equipment and Vending							
47	Food & non-food contact surfaces cleanable, properly designed, constructed & used						

Compliance Status		IN	OUT	N/A	N/O	COS	R
Physical Facilities							
48	Warewashing facilities: installed, maintained, & used; test strips						
49	Non-food contact surfaces clean						
Additional Requirements listed in 105 CMR 590.011							
M1	Anti-choking procedures in food service establishment						
M2	Food allergy awareness						
Review of Retail Operations listed in 105 CMR 590.010							
M3	Caterer						
M4	Mobile Food Operation						
M5	Temporary Food Establishment						
M6	Public Market; Farmers Market						
M7	Residential Kitchen; Bed-and-Breakfast Operation						
M8	Residential Kitchen: Cottage Food Operation						
M9	School Kitchen; USDA Nutrition Program						
M10	Leased Commercial Kitchen						
M11	Innovative Operation						
Local Requirements							
L1	Local law or regulation						
L2	Other						

Type of Operation(s): <input checked="" type="checkbox"/> Food Service Establishment <input type="checkbox"/> Retail Food Store <input type="checkbox"/> Residential: Cottage Foods <input type="checkbox"/> Residential; Bed & Breakfast <input type="checkbox"/> Mobile/Pushcart <input type="checkbox"/> Temporary Food Estab. <input type="checkbox"/> Other <u>School</u>	Type of Inspection: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Pre-inspection <input type="checkbox"/> Pre-operational <input type="checkbox"/> Illness investigation <input type="checkbox"/> General complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____	Other Information: - Replace ceiling tile @ sink/ microwave. - New door sweep, rear door.
---	---	---

Signature of Person-in-Charge: m/b (Yuli)

Date: 3-19-19

Signature of Inspector: Mary L. Banyan

Date: 3-19-19

THE COMMONWEALTH OF MASSACHUSETTS

TOWN OR CITY OF Lowell**Massachusetts Department of Public Health**

Division of Food and Drugs

FOOD ESTABLISHMENT INSPECTION REPORT

Name	Date	Type of Operation(s)	Type of Inspection
Address	Risk Level	<input type="checkbox"/> Food Service	<input type="checkbox"/> Routine
Telephone		<input type="checkbox"/> Retail	<input checked="" type="checkbox"/> Re-inspection
Owner	HACCP Y/N	<input type="checkbox"/> Residential Kitchen	Previous Inspection Date:
Person in Charge (PIC)		<input type="checkbox"/> Mobile	<input type="checkbox"/> Pre-operation
Inspector	Time In: Out:	<input type="checkbox"/> Temporary	<input type="checkbox"/> Suspect Illness
		<input type="checkbox"/> Caterer	<input type="checkbox"/> General Complaint
		<input type="checkbox"/> Bed & Breakfast	<input type="checkbox"/> HACCP
		Permit No.	<input type="checkbox"/> Other _____

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:

Anti-Choking	590.009 (E)	<input type="checkbox"/>
Tobacco	590.009 (F)	<input type="checkbox"/>
Allergen Awareness	590.009 (G)	<input type="checkbox"/>

FOOD PROTECTION MANAGEMENT

- 1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

- 2. Reporting of Diseases by Food Employee and PIC
- 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

- 4. Food and Water from Approved Source
- 5. Receiving/Condition
- 6. Tags/Records/Accuracy of Ingredient Statements
- 7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

- 8. Separation/Segregation/Protection
- 9. Food Contact Surfaces Cleaning and Sanitizing
- 10. Proper Adequate Handwashing
- 11. Good Hygienic Practices

- 12. Prevention of Contamination from Hands
- 13. Handwash Facilities

PROTECTION FROM CHEMICALS

- 14. Approved Food or Color Additives
- 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- 16. Cooking Temperatures
- 17. Reheating
- 18. Cooling
- 19. Hot and Cold Holding
- 20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

- 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- 22. Posting of Consumer Advisories

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22): 10

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION: 12/18/17

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N	Violation Description	Code
		23. Management and Personnel	(FC-2)(590.003)
		24. Food and Food Protection	(FC-3)(590.004)
		25. Equipment and Utensils	(FC-4)(590.005)
		26. Water, Plumbing and Waste	(FC-5)(590.006)
		27. Physical Facility	(FC-6)(590.007)
		28. Poisonous or Toxic Materials	(FC-7)(590.008)
		29. Special Requirements	(590.009)
		30. Other	

Inspector's Signature: John S. SmithPrint: John S. SmithPIC's Signature: John S. SmithPrint: John S. SmithPage 1 of 1 Pages

THE COMMONWEALTH OF MASSACHUSETTS

TOWN OR CITY OF Leominster**Massachusetts Department of Public Health**

Division of Food and Drugs

FOOD ESTABLISHMENT INSPECTION REPORT

Name <u>Samoset</u>	Date <u>5-16-18</u>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other
Address <u>Décimo</u>	Risk Level		
Telephone	HACCP Y/N		
Owner	Time In:		
Person in Charge (PIC) <u>Kathryn L. Scuro</u>	Out:		
Inspector <u>Marco L. Bangrazi</u>	Permit No.		

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Non-compliance with:

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Anti-Choking	590.009 (E)	<input type="checkbox"/>
Tobacco	590.009 (F)	<input type="checkbox"/>
Allergen Awareness	590.009 (G)	<input type="checkbox"/>

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

FOOD PROTECTION MANAGEMENT

 1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

 2. Reporting of Diseases by Food Employee and PIC 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

 4. Food and Water from Approved Source 5. Receiving/Condition 6. Tags/Records/Accuracy of Ingredient Statements 7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

 8. Separation/Segregation/Protection 9. Food Contact Surfaces Cleaning and Sanitizing 10. Proper Adequate Handwashing 11. Good Hygienic Practices 12. Prevention of Contamination from Hands 13. Handwash Facilities

PROTECTION FROM CHEMICALS

 14. Approved Food or Color Additives 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

 16. Cooking Temperatures 17. Reheating 18. Cooling 19. Hot and Cold Holding 20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

 22. Posting of Consumer Advisories

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22): C

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

Inspector's Signature: <u>Marco L. Bangrazi</u>	Print: <u>Marco L. Bangrazi</u>
PIC's Signature: <u>Kathryn Scuro</u>	Print: <u>Kathryn Scuro</u>

Page <u>1</u> of <u>1</u> Pages

THE COMMONWEALTH OF MASSACHUSETTS

TOWN OR CITY OF Somerville**Massachusetts Department of Public Health**

Division of Food and Drugs

FOOD ESTABLISHMENT INSPECTION REPORT

Name <u>Samoset School</u>	Date <u>11/8/18</u>	Type of Operation(s)	Type of Inspection
Address <u>Deccico Drive</u>	Risk Level	<input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	<input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other
Telephone	HACCP Y/N		
Owner	Time In: Out:		
Person in Charge (PIC)			
Inspector <u>Marco L. Bangaru</u>		Permit No.	

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Non-compliance with:

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

FOOD PROTECTION MANAGEMENT

- 1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

- 2. Reporting of Diseases by Food Employee and PIC
- 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

- 4. Food and Water from Approved Source
- 5. Receiving/Condition
- 6. Tags/Records/Accuracy of Ingredient Statements
- 7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

- 8. Separation/Segregation/Protection
- 9. Food Contact Surfaces Cleaning and Sanitizing
- 10. Proper Adequate Handwashing
- 11. Good Hygienic Practices

Violations Related to Good Retail Practices (Blue Items)

Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N
<input type="checkbox"/>	23. Management and Personnel (FC-2)(590.003)
<input type="checkbox"/>	24. Food and Food Protection (FC-3)(590.004)
<input type="checkbox"/>	25. Equipment and Utensils (FC-4)(590.005)
<input type="checkbox"/>	26. Water, Plumbing and Waste (FC-5)(590.006)
<input type="checkbox"/>	27. Physical Facility (FC-6)(590.007)
<input type="checkbox"/>	28. Poisonous or Toxic Materials (FC-7)(590.008)
<input type="checkbox"/>	29. Special Requirements (590.009)
<input type="checkbox"/>	30. Other

- 12. Prevention of Contamination from Hands

- 13. Handwash Facilities - *Pest log, no comments.*

- PROTECTION FROM CHEMICALS + *No pests @ time*

- 14. Approved Food or Color Additives *OF INSPECTION.*

- 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- 16. Cooking Temperatures

- 17. Reheating

- 18. Cooling

- 19. Hot and Cold Holding - *Facility clean @ time*

- 20. Time As a Public Health Control *OF INSPECTION.*

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

- 21. Food and Food Preparation for HSP - *Temp checks good*

CONSUMER ADVISORY

- 22. Posting of Consumer Advisories - *COID*

- *Sanitizing*

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22): O

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

Inspector's Signature: <u>Marco L. Bangaru</u>	Print: <u>Marco L. Bangaru</u>	
PIC's Signature: <u>Marco L. Bangaru</u>	Print: <u>Marco L. Bangaru</u>	Page <u>1</u> of <u>1</u> Pages

Food Establishment Inspection Report – City/Town of Leominster

Establishment: Samoset School
Address: 100 Decicco Dr.

Telephone: _____ Permit No.: _____

Owner: _____

Person-in-charge: Kathryn K. Scuderi
Inspector: Marcos L. Bangayz

Date: 6-5-19

Page 1 of 3

Time in: _____

Time out: _____

Number of Violated Provisions Related
to Foodborne Illness Risk Factors
and Interventions (Items 1 through 29): _____

Number of Repeat Violations Related
to Foodborne Illness Risk Factors
and Interventions (Items 1 through 29): _____

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

IN = in compliance OUT= out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection. R = repeat violation

Compliance Status		IN	OUT	N/A	N/O	COS	R
Supervision							
1	Person-in-charge present, demonstrates knowledge, and performs duties						
2	Certified Food Protection Manager						
Employee Health							
3	Management, food employee and conditional employee; knowledge, responsibilities and reporting						
4	Proper use of restriction and exclusion						
5	Procedures for responding to vomiting and diarrheal events						
Good Hygienic Practices							
6	Proper eating, tasting, drinking, or tobacco use						
7	No discharge from eyes, nose, and mouth						
Preventing Contamination by Hands							
8	Hands clean & properly washed						
9	No bare hand contact with ready-to-eat food						
10	Adequate handwashing sinks properly supplied and accessible						
Approved Source							
11	Food obtained from approved source						
12	Food received at proper temperature						
13	Food received in good condition, safe, & unadulterated						
14	Required records available: shellstock tags, parasite destruction						

Compliance Status		IN	OUT	N/A	N/O	COS	R
Protection from Contamination							
15	Food separated and protected						
16	Food-contact surfaces; cleaned & sanitized						
17	Proper disposition of returned, previously served, reconditioned & unsafe food						
Time/Temperature Control for Safety							
18	Proper cooking time & temperatures						
19	Proper reheating procedures for hot holding						
20	Proper cooling time and temperature						
21	Proper hot holding temperature						
22	Proper cold holding temperature						
23	Proper date marking and disposition						
24	Time as a Public Health Control						
Consumer Advisory							
25	Consumer advisory provided for raw / undercooked food						
Highly Susceptible Populations							
26	Pasteurized foods used; prohibited foods not offered						
Food/Color Additives and Toxic Substances							
27	Food additives: approved & properly used						
28	Toxic substances properly identified, stored & used						
Conformance with Approved Procedures							
29	Compliance with variance / specialized process / HACCP Plan						

Official Order for Correction: Based on an inspection today, the items marked "OUT" indicated violations of 105 CMR 590.000 and applicable sections of the 2013 FDA Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If you are subject to a notice of suspension, revocation, or non-renewal pursuant to 105 CMR 590.000 you may request a hearing before the board of health in accordance with 105 CMR 590.015(B).

Date of Reinspection:

N/A

Discussion with Person-in-Charge:

See Pg. 3.

Signature of Person-in-Charge:

K. Scuderi

Date: 6-5-19

Signature of Inspector:

Marcos L. Bangayz

Date: 6-5-19

Food Establishment Inspection Report – City/Town of Leominster

Establishment: Samoset School

Date: 6-5-19

Page 2 of 3

GOOD RETAIL PRACTICES AND MASSACHUSETTS-ONLY SECTIONS

IN = in compliance OUT= out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation

Compliance Status		IN	OUT	N/A	N/O	COS	R
Safe Food and Water							
30	Pasteurized eggs used where required						
31	Water & ice from approved source						
32	Variance obtained for specialized processing methods						
Food Temperature Control							
33	Proper cooling methods used; adequate equipment for temperature control						
34	Plant food properly cooked for hot holding						
35	Approved thawing methods used						
36	Thermometers provided & accurate						
Food Identification							
37	Food properly labeled; original container						
Prevention of Food Contamination							
38	Insects, rodents, & animals not present						
39	Contamination prevented during food preparation, storage and display						
40	Personal cleanliness						
41	Wiping cloths: properly used & stored						
42	Washing fruits & vegetables						
Proper Use of Utensils							
43	In-use utensils properly stored						
44	Utensils, equipment & linens: properly stored, dried, & handled						
45	Single-use / single-service articles: properly stored & used						
46	Gloves used properly						
Utensils, Equipment and Vending							
47	Food & non-food contact surfaces cleanable, properly designed, constructed & used						

Compliance Status		IN	OUT	N/A	N/O	COS	R
Physical Facilities							
48	Warewashing facilities: installed, maintained, & used; test strips						
49	Non-food contact surfaces clean						
Additional Requirements listed in 105 CMR 590.011							
M1	Anti-choking procedures in food service establishment						
M2	Food allergy awareness						
Review of Retail Operations listed in 105 CMR 590.010							
M3	Caterer						
M4	Mobile Food Operation						
M5	Temporary Food Establishment						
M6	Public Market; Farmers Market						
M7	Residential Kitchen; Bed-and-Breakfast Operation						
M8	Residential Kitchen: Cottage Food Operation						
M9	School Kitchen; USDA Nutrition Program						
M10	Leased Commercial Kitchen						
M11	Innovative Operation						
Local Requirements							
L1	Local law or regulation						
L2	Other						

Type of Operation(s):	Type of Inspection:	Other Information:
<input checked="" type="checkbox"/> Food Service Establishment <input type="checkbox"/> Retail Food Store <input type="checkbox"/> Residential: Cottage Foods <input type="checkbox"/> Residential; Bed & Breakfast <input type="checkbox"/> Mobile/Pushcart <input type="checkbox"/> Temporary Food Estab. <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection <input type="checkbox"/> Pre-operational <input type="checkbox"/> Illness investigation <input type="checkbox"/> General complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other	School

Signature of Person-in-Charge:

Date: 6-5-19

Signature of Inspector:

Date: 6-5-19

Food Establishment Inspection Report – City/Town of _____

Establishment: Samoset School

of Leominster

Observations and/or Corrective Actions

Violations cited in this report must be corrected within the time frames stated below or in Section 8-405.11 of the Food Code.

Signature of Person-in-Charge:

Date: 6-5-10

Signature of Inspector

Date: 6-6-19

THE COMMONWEALTH OF MASSACHUSETTS

TOWN OR CITY OF _____

Massachusetts Department of Public Health

Division of Food and Drugs

FOOD ESTABLISHMENT INSPECTION REPORT

Name	Date	Type of Operation(s)	Type of Inspection
Address	Risk Level	<input type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	<input type="checkbox"/> Routine <input checked="" type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other
Telephone	HACCP Y/N		
Owner	Time		
Person in Charge (PIC)	In:		
Inspector	Out:		
Permit No.			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Non-compliance with:

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Anti-Choking	590.009 (E)	<input type="checkbox"/>
Tobacco	590.009 (F)	<input type="checkbox"/>
Allergen Awareness	590.009 (G)	<input type="checkbox"/>

FOOD PROTECTION MANAGEMENT

- 1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

- 2. Reporting of Diseases by Food Employee and PIC

- 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

- 4. Food and Water from Approved Source

- 5. Receiving/Condition

- 6. Tags/Records/Accuracy of Ingredient Statements

- 7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

- 8. Separation/Segregation/Protection

- 9. Food Contact Surfaces Cleaning and Sanitizing

- 10. Proper Adequate Handwashing

- 11. Good Hygienic Practices

- 12. Prevention of Contamination from Hands

- 13. Handwash Facilities

PROTECTION FROM CHEMICALS

- 14. Approved Food or Color Additives

- 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- 16. Cooking Temperatures

- 17. Reheating

- 18. Cooling

- 19. Hot and Cold Holding

- 20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

- 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- 22. Posting of Consumer Advisories

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION: *6/14/17, 6/21/17*

Inspector's Signature: *[Signature]*Print: *[Signature]*PIC's Signature: *[Signature]*Print: *[Signature]*Page 1 of 1 Pages

THE COMMONWEALTH OF MASSACHUSETTS

TOWN OR CITY OF Leominster**Massachusetts Department of Public Health**

Division of Food and Drugs

FOOD ESTABLISHMENT INSPECTION REPORT

Name <u>SKY Bistro</u>	Date <u>2-6-18</u>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <u>10 Main Street</u>	Risk Level	HACCP Y/N	Time In: _____ Out: _____ Permit No. _____
Telephone _____			
Owner <u>David Springer</u>			
Person in Charge (PIC) <u>David Springer</u>			
Inspector _____			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:
 Anti-Choking 590.009 (E)
 Tobacco 590.009 (F)
 Allergen Awareness 590.009 (G)

FOOD PROTECTION MANAGEMENT

1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

2. Reporting of Diseases by Food Employee and PIC

3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

4. Food and Water from Approved Source

5. Receiving/Condition

6. Tags/Records/Accuracy of Ingredient Statements

7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

8. Separation/Segregation/Protection

9. Food Contact Surfaces Cleaning and Sanitizing

10. Proper Adequate Handwashing

11. Good Hygienic Practices

12. Prevention of Contamination from Hands

13. Handwash Facilities

PROTECTION FROM CHEMICALS

14. Approved Food or Color Additives

15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

16. Cooking Temperatures

17. Reheating

18. Cooling

19. Hot and Cold Holding

20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

21. Food and Food Preparation for HSP

CONSUMER ADVISORY

22. Posting of Consumer Advisories

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22): 105

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION: 2-16-18

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N	Violation Description	Code/Citation
		23. Management and Personnel	(FC-2)(590.003)
		24. Food and Food Protection	(FC-3)(590.004)
		25. Equipment and Utensils	(FC-4)(590.005)
		26. Water, Plumbing and Waste	(FC-5)(590.006)
		27. Physical Facility	(FC-6)(590.007)
		28. Poisonous or Toxic Materials	(FC-7)(590.008)
		29. Special Requirements	(590.009)
		30. Other	

Inspector's Signature: <u>David Springer</u>	Print: _____
PIC's Signature: <u>David Springer</u>	Print: <u>David Springer</u>
Page <u>1</u> of <u>1</u> Pages	

THE COMMONWEALTH OF MASSACHUSETTS
TOWN OR CITY OF Somerville

Massachusetts Department of Public Health

Division of Food and Drugs

FOOD ESTABLISHMENT INSPECTION REPORT

Name <u>Sky View School</u>	Date <u>9-5-18</u>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service	Type of Inspection <input checked="" type="checkbox"/> Routine
Address <u>Kennedy Way</u>	Risk Level	<input type="checkbox"/> Retail	<input type="checkbox"/> Re-inspection
Telephone		<input type="checkbox"/> Residential Kitchen	Previous Inspection Date:
Owner	HACCP Y/N	<input type="checkbox"/> Mobile	<input type="checkbox"/> Pre-operation
Person in Charge (PIC)	Time	<input type="checkbox"/> Temporary	<input type="checkbox"/> Suspect Illness
Inspector <u>Marco L. Bangraz</u>	In:	<input type="checkbox"/> Caterer	<input type="checkbox"/> General Complaint
	Out:	<input type="checkbox"/> Bed & Breakfast	<input type="checkbox"/> HACCP
		Permit No.	<input type="checkbox"/> Other

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:
 Anti-Choking 590.009 (E)
 Tobacco 590.009 (F)
 Allergen Awareness 590.009 (G)

FOOD PROTECTION MANAGEMENT

- 1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

- 2. Reporting of Diseases by Food Employee and PIC
- 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

- 4. Food and Water from Approved Source
- 5. Receiving/Condition
- 6. Tags/Records/Accuracy of Ingredient Statements
- 7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

- 8. Separation/Segregation/Protection
- 9. Food Contact Surfaces Cleaning and Sanitizing
- 10. Proper Adequate Handwashing
- 11. Good Hygienic Practices

- 12. Prevention of Contamination from Hands
- 13. Handwash Facilities

PROTECTION FROM CHEMICALS

- 14. Approved Food or Color Additives
- 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- 16. Cooking Temperatures
- 17. Reheating
- 18. Cooling
- 19. Hot and Cold Holding
- 20. Time As a Public Health Control

-NO ISSUES

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

- 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items)

Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N
	23. Management and Personnel (FC-2)(590.003)
	24. Food and Food Protection (FC-3)(590.004)
	25. Equipment and Utensils (FC-4)(590.005)
	26. Water, Plumbing and Waste (FC-5)(590.006)
	27. Physical Facility (FC-6)(590.007)
	28. Poisonous or Toxic Materials (FC-7)(590.008)
	29. Special Requirements (590.009)
	30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

Inspector's Signature: <u>Marco L. Bangraz</u>	Print: <u>Marco L. Bangraz</u>	
PIC's Signature: <u>Princ</u>	Print: <u>Joan Prince</u>	Page <u>1</u> of <u>1</u> Pages

Food Establishment Inspection Report – City/Town of Leominster

Establishment: <u>Skyview School</u>	Date: <u>3-20-19</u>	Page 1 of <u>3</u>
Address: <u>Deccico Dr.</u>	Time in: <u>10:30</u>	Time out: <u>11:15</u>
Telephone:	Permit No.:	Number of Violated Provisions Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29):
Owner:		
Person-in-charge: <u>Jan Prince</u>		Number of Repeat Violations Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29):
Inspector: <u>Mario Z. Bowen</u>		

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

IN = in compliance OUT= out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation

Compliance Status		IN	OUT	N/A	N/O	COS	R
Supervision							
1	Person-in-charge present, demonstrates knowledge, and performs duties						
2	Certified Food Protection Manager						
Employee Health							
3	Management, food employee and conditional employee; knowledge, responsibilities and reporting						
4	Proper use of restriction and exclusion						
5	Procedures for responding to vomiting and diarrheal events						
Good Hygienic Practices							
6	Proper eating, tasting, drinking, or tobacco use						
7	No discharge from eyes, nose, and mouth						
Preventing Contamination by Hands							
8	Hands clean & properly washed						
9	No bare hand contact with ready-to-eat food						
10	Adequate handwashing sinks properly supplied and accessible						
Approved Source							
11	Food obtained from approved source						
12	Food received at proper temperature						
13	Food received in good condition, safe, & unadulterated						
14	Required records available: shellstock tags, parasite destruction						

Compliance Status		IN	OUT	N/A	N/O	COS	R
Protection from Contamination							
15	Food separated and protected						
16	Food-contact surfaces; cleaned & sanitized						
17	Proper disposition of returned, previously served, reconditioned & unsafe food						
Time/Temperature Control for Safety							
18	Proper cooking time & temperatures						
19	Proper reheating procedures for hot holding						
20	Proper cooling time and temperature						
21	Proper hot holding temperature						
22	Proper cold holding temperature						
23	Proper date marking and disposition						
24	Time as a Public Health Control						
Consumer Advisory							
25	Consumer advisory provided for raw / undercooked food						
Highly Susceptible Populations							
26	Pasteurized foods used; prohibited foods not offered						
Food/Color Additives and Toxic Substances							
27	Food additives: approved & properly used						
28	Toxic substances properly identified, stored & used						
Conformance with Approved Procedures							
29	Compliance with variance / specialized process / HACCP Plan						

Official Order for Correction: Based on an inspection today, the items marked "OUT" indicated violations of 105 CMR 590.000 and applicable sections of the 2013 FDA Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If you are subject to a notice of suspension, revocation, or non-renewal pursuant to 105 CMR 590.000 you may request a hearing before the board of health in accordance with 105 CMR 590.015(B).

Date of Reinspection:	Discussion with Person-in-Charge:
-----------------------	-----------------------------------

Signature of Person-in-Charge: Jan Prince

Date: 3-20-19

Signature of Inspector: Mario Z. Bowen

Date: 3-20-19

Food Establishment Inspection Report – City/Town of Leominster

Establishment: Sky View

Date: 3-20-19

Page 2 of 3

GOOD RETAIL PRACTICES AND MASSACHUSETTS-ONLY SECTIONS

IN = in compliance OUT = out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation

Compliance Status		IN	OUT	N/A	N/O	COS	R
Safe Food and Water							
30	Pasteurized eggs used where required						
31	Water & ice from approved source						
32	Variance obtained for specialized processing methods						
Food Temperature Control							
33	Proper cooling methods used; adequate equipment for temperature control						
34	Plant food properly cooked for hot holding						
35	Approved thawing methods used						
36	Thermometers provided & accurate						
Food Identification							
37	Food properly labeled; original container						
Prevention of Food Contamination							
38	Insects, rodents, & animals not present						
39	Contamination prevented during food preparation, storage and display						
40	Personal cleanliness						
41	Wiping cloths: properly used & stored						
42	Washing fruits & vegetables						
Proper Use of Utensils							
43	In-use utensils properly stored						
44	Utensils, equipment & linens: properly stored, dried, & handled						
45	Single-use / single-service articles: properly stored & used						
46	Gloves used properly						
Utensils, Equipment and Vending							
47	Food & non-food contact surfaces cleanable, properly designed, constructed & used						

Compliance Status		IN	OUT	N/A	N/O	COS	R
48	Warewashing facilities: installed, maintained, & used; test strips						
49	Non-food contact surfaces clean						
Physical Facilities							
50	Hot & cold water available; adequate pressure						
51	Plumbing installed; proper backflow devices						✓
52	Sewage & waste water properly disposed						
53	Toilet features: properly constructed, supplied, & cleaned						
54	Garbage & refuse properly disposed; facilities maintained						
55	Physical facilities installed, maintained, & clean						
56	Adequate ventilation & lighting; designated areas used						
Additional Requirements listed in 105 CMR 590.011							
M1	Anti-choking procedures in food service establishment						
M2	Food allergy awareness						
Review of Retail Operations listed in 105 CMR 590.010							
M3	Caterer						
M4	Mobile Food Operation						
M5	Temporary Food Establishment						
M6	Public Market; Farmers Market						
M7	Residential Kitchen; Bed-and-Breakfast Operation						
M8	Residential Kitchen: Cottage Food Operation						
M9	School Kitchen; USDA Nutrition Program						
M10	Leased Commercial Kitchen						
M11	Innovative Operation						
Local Requirements							
L1	Local law or regulation						
L2	Other						

Type of Operation(s):	Type of Inspection:	Other Information:
<input checked="" type="checkbox"/> Food Service Establishment <input type="checkbox"/> Retail Food Store <input type="checkbox"/> Residential: Cottage Foods <input type="checkbox"/> Residential; Bed & Breakfast <input type="checkbox"/> Mobile/Pushcart <input type="checkbox"/> Temporary Food Estab. <input type="checkbox"/> Other <u>School</u>	<input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection <input type="checkbox"/> Pre-operational <input type="checkbox"/> Illness investigation <input type="checkbox"/> General complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____	51: HW Sink

Other Information:

51: HW Sink

Signature of Person-in-Charge:

Joan Purcell

Date:

3-20-19

Signature of Inspector:

Marco L. Bouffard

Date:

3-20-19

Food Establishment Inspection Report – City/Town of _____

Leominster

Establishment: Skyview School

Date: 3-20-19

Page 3 of 3

Observations and/or Corrective Actions

Violations cited in this report must be corrected within the time frames stated below or in Section 8-405.11 of the Food Code.

Signature of Person-in-Charge:

Frank Purcell

Date:

3-20-19

Signature of Inspector:

Marco I. Bonjor
Marco I. Bonjor
in Co., Charlestown, MA

Datn:

3-20-19